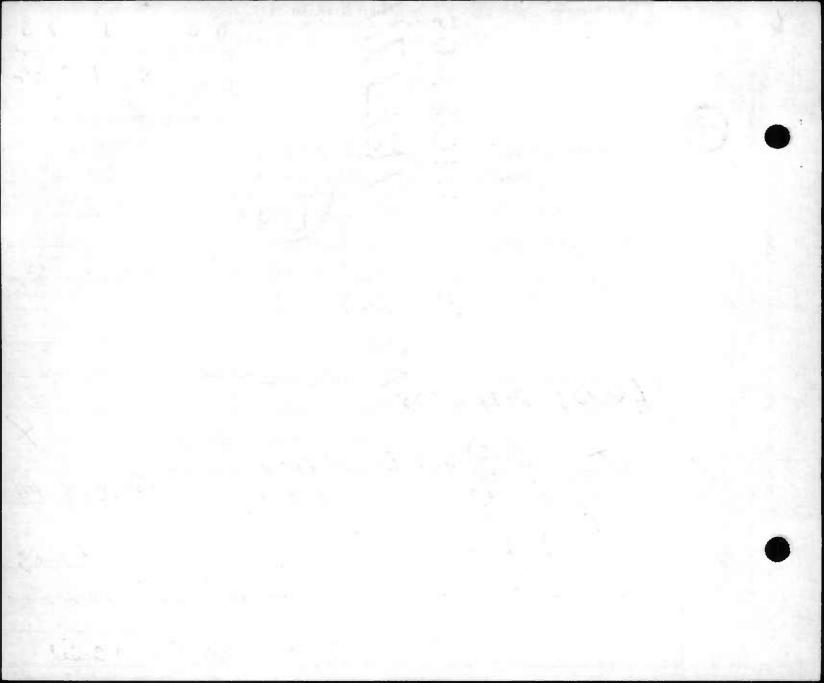
DHMH - 17 (VR A15 ME (5)) 15M 2/80

1	1 - :	FOR STATE REGISTRAR			DEPARTME MEDICAL EX	NT OF HEAL		NTẠL H	YGIEN F DEA	P. O	NO.), 5	9	5
	T. DEC	CEASED NAME OR PRINT)	12	illiam	MIDDLE A CATA	λ λ	nders			20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY	YEAR 2	COO,
	3. SEX	ale	4. RACE White	S. DATE OF E		AGE (IN YEARS IF	UNDER 1 YR.	HOURS	24 HRS.	ic DATE PRONOUNCED DEAD	MONTH	DAY	YEAR 1	2d. HOUI
	To BH	RTHPLACE (S REIGN COUNTRY) rvlan(STATE OR	76. CITIZEN	OF WHAT COUNTRY	r? 8. MAI	RRIED XXNEVI	ER MARRI	ED 📙	9. BALTIMORE CIT	_			N
0	10. CI1	TY OR TOWN	OF DEATH	11. NAME O	F HOSPITAL, NURSING SUCH FACILITY, GIVE STREET	NG HOME, OR O	THER INSTITUT	ION	12a. USU FOR A	Freder AL OCCUPATION AOST OF WORKING LIFE) UR Mill	(TYPE OF WORK	12b. KIND OR IN	y OF BUSI NDUSTRY 1 inc	
5	USUA IJa. ST	reder: L RESIDENCE TATE rvland	(IF IN NURSING H		ION, GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e STRE	ET ADDRESS 18 Hans		0	2/1	101
1	I4 FA	THER'S NAM FIRST	E	MIDDLE nornton	Ande		15. MOTHER	R'S MAIDE		MIDDLE		Shai	T	
/	160. W		ED EVER IN U.	S. ARMED FORCES? S. GIVE WAR OR DATES)	16b. SOCIAL	SECURITY NO. 05-2077	17. INFORM	ANT	10 ers,	318 Han Freder	sonvi	lle 1		1
		gave r cause (a lying car	ans, if any, vise to immed) stating the <u>u</u> use last.	which diote (b) DUE TO	O, OR AS A CONSEC	QUENCE OF	EASE OR CONDITION	GIVEN IN PAR	T I (g).					
X	TIFICATION	140 DATE OF	F OPERATION	DEP IB.CO	ONDITION FOR WH	ICH OPERATION	WAS PERFORM	AED?				20 AUT		N
7	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI 21d. INJURY	- NOT WHILE	E OF DEATH		83	HOW INJURY OF	PLA G	DENTERN	CITY OR TOWN	M 18 PART I OR PAI	RT 2)	1/	MANA
		AT WORK 220 cert	rify that I took	charge of the remo	ns described abave,	held an Auto	apsy .	Inspection de		Inquiry ,	and in my ap	Dinion		'IQ
1		ACTUAL SIGNATURE EXAMINER'S	NIAME	u y	Thomas, M.	D		812	Tol:	CALEXAMINER L House A			1-0	53
H	23a. BL	PECIFY)		73b DATE 4/4/8	23c. NAM	ME OF CEMETERY thaven		RY	23d. LO	Ak, Maryl CATION CATION CAETICK,	COUN	VIY	k, Mo	ā.

40 Fultoness Avenue 21793 G.Douglas Stauffer, Walkersville, Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	S C S C S C S C S C S C S C S C S C S C
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DESCRIPTION OF EXECUTE THE CERTIFICATE, WRITING THE WORD"FENDING" IN FENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 OFFILIPPAL DIRECTORS SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PRICE AN YOUR INTO THE WINE THE SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 14M D. 2 SHOULD BE THE MITHIN 72 HAFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAURECCOME. PRESTON STANDARD, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

	1 - 9	OR STATE REGISTRAR	MEDICAL EXAMIN	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 3 P. S.							
20 00 00 00 00 00 00 00 00 00 00 00 00 0		EASED NAME FIRST Ella	Margaret BROWN			OF ESTI- DEATH MATED	MONTH DAY YEAR 140 M				
ANY, PLEA DIRECTO OUR FILE ON STREE	3. SEX	male White	5. DATE OF BIRTH NONTH DAY YEAR 1. ASE (IN YE. MONTH DAY 1897 86 YE	il 5,19834							
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AND SHOOL RETAINS THE RETAIN THE	130. ST M	aryland Fred	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING Y ISC CITY OR TOWN Jefferso	rick Jefferson 13d. INSIDE (ITY LIMITS? 13d. STREET AE			ddle town Road				
DEATH. GES 1, 2 M PM 3 M PM 3 OF ITAI		THER'S NAME William F			OTHER'S MAIDEN NAM	MIDDLE	Miller				
RES AFTER I S. GIVE PAG WITH FOR! PIVISION ((AS DECEASED EVER IN U.S. ARM S, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 16b. SOCIAL SECURITY VAR OR DATES)	45 M	r. Lewis	W. Brown, Rd. Jef:	Jr. 5104 Old Jerson, Md.				
TED WITHIN 24 HOUN PENCIL IN ITEM 18 ARMINER ALCING 14 TEMBER ALCING 14 TEMBER MENTAL HYGIENE, N, OR REMOVAL.		PART I DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	BY:	1911	e Cad	hower	an the and				
BE EXECU- ENDING" II AEDICAL E. AS A BURI. ALTH AND CREMATIO	NOI		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM								
E SHOULD WORD "PE CHIEF A BE USED, NT OF HE BURIAL,	TIFICAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PER	FORMED?		20 AUTOPSY? YES □ NO 🛣				
STHE TO THE TO T	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D				R NATURE OF INJURY IN ITEM 181	PART I OR PART 2)				
THIS CERT WARDED PAGE 3 SI TATE DEP	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATIO STREET		CITY OF TOWN	COUNTY STATE				
NL EXAMINER: THE CERTIFICATE OULD BE FORM AL DIRECTOR: TH, WITH THE S.; MARYLAND,)	270. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death result at the control of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian described at the control of the control									
EXECUTE THE PAGE 4 SH TO PUNER, AFTER DEA.		EXAMINER'S NAME Dr.	Robert J. Thomas	ADDRE	812 Tol		ve., Fred. Md.				
BP	(5	JRIAL, CREMATION, REMO Burial		an Com	etery J		Frederick Md.				
DHMH - 17 (VR A15 ME (5)) 15M 2/80	10	meth Keene 6 E. Churc	asford A. Fund St., Frederick, Mo	Ho 70	me APR 1	2 1983	L Comment.				

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	014 020					

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME FIRST		MIDDLE	L	AST	2a. DATE OF DEA		DAY YEAR	26-HQUR 53
	Margar	et I	Vaomi	B	RUST	April		1983	P. M
3.SE		4. RACE		5. DATE C		6 AGE (IN YEARS L	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
1	Female	Whi			y 29, 1897	85	YRS.		
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE C	_		
M	aryland	U.S.		WIDOWE	DIVORCED	Freder			MD.
	Trederick		HOSPITAL, NURSIN HFACILITY, GIVE STREET Lan Nurs		Home	12a USUAL OCCU	OST OF WORKING		OF BUSINESS OR
USU M	AL RESIDENCE (IF NURSING HOME OF STATE 134 COU	rother institution NJY derick	GIVE RESIDENCE BEFORE ILL CITY OR TOW POOD I		13d. INSIDE CITY LIMITS? YES A NO	13 STREET ADDR	st Pat	rick S	Street
14. F/	ATHER'S NAME Hiram	WIDDLE	Derr		IS MOTHER'S MAIDEN NA.		DIE	cClear	51
	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	220-16-		Ave., Fred				
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT DIAB CTCS M 19a DATE OF OPERATION 2/10/83 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a-I certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (did- 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1YPE	(b) DUE TO, O CONDITIONS CC (c) CONDITIONS CC (d) CONDITIONS CC (a) CONDITIONS CC (a) CONDITIONS CC (b) CONDITIONS CC (a) CONDITIONS CC (b) CONDITIONS CC (c) CONDITIONS CC (d) CONDITIONS CC (d	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE THE CON	ENCE OF ENCE OF DEATH BUT OPERATIO OPERATIO AY YEAR 19 ARM, ETC)	211 LOCATION STREET 19 22 and that in (my) to opinion DEGREE ATTENDING PHYSICIAN 2	DISEASE OR COMMERCE 200 AUTOPSY YES NO RED (ENTER NATURE C. CITY death occurred on MEDICAL DIRECTOR PI	CONDITION GI 20b. IF Y IN CERT Y OR TOWN 2 9 The dote and ho STAFF HYSICIAN [COUNTY 22c. DATE	NGS USED S OF DEATH? NO STATE that A (we) lost causes stated SIGNED
	Dr. Gilc	in F. N	leadors	Jr M	810 Toll	House A	ve.,Fr	ed. Md	1. 2170]

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remaye carbon parpers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayed.

TO HOSPITAL OR ATTENDING PHYSICIAN; The retained by the haspital ar attending physician.

injury, ar ather traumatic

IMPORTANT: If Item 21 is marked or Item 18 Thews any

(VRA 15, 4)

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(SPECIFY)Buria Keeney Church

Frederick Frederick Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL	HYGIEN	E B 3	1	0 5	98
	CEASED NAME WOODI		eveland		Burrier.		DATE OF DEATH MO	183	YEAR 3	26. HOUR
3, SE)		4_RACE		5. DATE O		6. /	AGE (IN YEARS LAST BIRTHDA	MÓNTE	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
100	Male	Whit	e	May		2	60	YRS.	DATS	nours min.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. E	BALTIMORE CITY OR C	OUNTY OF	DEATH	
1	Maryland	U.	S.	WIDOWE			Frederic	k		MD.
10. ⊂1	TY OR TOPATH		OSPITAL, NURSING		R OTHER INSTITUTION		. USUAL OCCUPATION		26. KIND OF NDUSTRY	BUSINESS OR
F	rederick	Frederi		orial	Hospita	- '	Driver	JAK 11 O LIT C) 11		rage
	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	rother institution, only lerick	Keymar	7570NI	136. INSIDE CITY LIMIT YES NOX	S? 13.	street address 2542 Renr	er Ro	ad	2175/
)4. FA	THER'S NAME FIRST Elmer	WIDDLE	Burrie	p.	15. MOTHER'S MAIDER FIRST Gold	NNAME	MIDDLE	Lins	LAST SeV	
-0	VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	6b. SOCIAL SECUE	RITY NO.	17 INFORMANT	2542 ris	Renner F Young Bur	Road,	Keym	ar, Md.
CERTIFICATION	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA 4920 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OR CONDITIONS COI	AS A CONSEQUE	NCE OF NCE OF NCE OF NCE OF	NOT RELATED TO THE		20a AUTOPSY? 20)b. IF YES, WE	N PART 110	
TEK	nn		M				YES NO	VES _	CAUSES	NO [
MEDICAL CER	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. PLACE O	MONTH DA	19	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJURY IN		OR PART 2}	STATE
	AT WORK AT WORK					14				
	22a. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n	n	19			inion deot	, to th occurred on the date	ond hour one	from the co	DOM: NO
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									17/83
	LOID T	Hors	N		198 H	Lenn	John	Du	Freds	sail (M)
	BURIAL, CREMATION, REMOVA		AMERICA DE LA CASA DE		EMETERY OR CREMATO	ORY	236. VOCATION	co	UNTY	STATE
	Burial	Apr. 2	20, 198	3 M		em.	Woodsbo		Maryl	and
24. FL	VIII Har.	Blex	Woods	boro		PR 2	O 1983	REGISTRAR	SICOL	il.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the buriol-transit permit. Then please remove corbanapers. Pages, I and 2 should be find with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be a transferred.

C. C. Samuellin attended and the de treme Anni grado and and COLL AND LONG TO A STATE OF THE PARTY OF THE E STOLEN OF THE STOLEN en and to the following fathers introduced to be a second X named Editorial har been Finer -- Inveter Coldie are total the little and a real state of the production in the second of the second second The Sunday of the condenses of the conde

DHMH - 17

(VR A15 ME (5)) 20M 4/82

	FOR		D	STA DEPARTMENT OF		ARYLAND HAND MENTAL	HYGIENE	3 3		0	13	9	9
	STATE REGISTRAR		MED	ICAL EXAMIN	IER'S		OF DEA	TH	REG. NO.	-	9		
	CEASED NAME	FIRST		WIDDLE		LAST	2	OF	ESTI-	MONTH	DAY	YEAR	2b. HOUR
	Geraldine Elizabeth Butts DEATH MATED 3											83	M
3. SEX	MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS MOURS AND PRONOUNCED										DAT		2d. HOUR 2:15P
_	MALE RTHPLACE (STA		eb.17,19		RS.			BALTIMO	ORE CITY OR	COUNT	22 19 Y OF DEA	83	м
FOI	REIGN COUNTRY)				MARR WIDOW	IED INEVER MAI	RRIED '						
	SUTUBLO	n Co. Md.	U. S. A	A . PITAL, NURSING HOME					ederic		12b. KIND	OF BUS	
	unswick		(IF NOT IN SUCH FAC	LILITY, GIVE STREET ADDRESS)	.,		FOR M	usewi	ING LIFE)			Hom	
USUA	L RESIDENCE (IF	F IN NURSING HOME OR OTH		nac River	ON)						OWII	ПОш	ie
13a S1	ryland	Freder:	ick	Brunswick		13d. INSIDE CITY LIMITS: YES NO [otomac	St.	21	769	
=	THER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MA			DDLE		LAST		
	Roy			Green			dalene					line	
(YE	5, NO, OR UNKNOW	EVER IN U.S. ARMED I		16b. SOCIAL SECURIT	Y NO.	17. INFORMANT			ADDRE 3				
N	0			Unknow	n	Robert E	. Butt	s, Jr	Mi	ddle	town	, Mo	i
	18 CAUSE OF	DEATH (Enter only one TH WAS CAUSED BY:	e couse per line (for (o), (b), and (c).)								NONSET	AND DEATH
	010	IMMEDIATE CA	AUSE (o) Cra	anio cerebr		rauma							
	Conditions	, if ony, which	DUE TO, OR	AS A CONSEQUENCE	OF								
	gave rise	ta immediate	(b)								-		
	lying cause		DUE TO, OK A	AS A CONSEQUENCE	OF								
	PART 2 OTHER SIGN	AREICANT CONDITIONS CONTR	(c)	UT NOT RELATED TO THE TERM	AINAL DICEAS	F OR CONDITION CIVEN IN	BART 1 /						
NO	TART 2 OTHER 200	THEATH CONVITIONS COME	IBUTING TO DEATH O	DI MOL METWIER IN 164T 154W	IIIAL VIDEAD	E UK CUMUITIUM GIYEN IN	PART I (0).						
CATI	190. DATE OF C	PERATION	196 CONDITI	ION FOR WHICH OPER	N NOITAS	AS PERFORMED?					20. AUT	OPSY?	7 11
MEDICAL CERTIFICATION											YES	(X)	NO 🗌
CER	210 EXTERNAL		21b. TIME OF HOUR A.M.	MONTH DAY YEAR		OW INJURY OCCUR	RED (ENTER N.	ATURE OF INJU	JRY IN ITEM 18 PAR	T 1 OR PAR	T 2)		
CAL	CONTRIBUTING	G CAUSE OF DEAT	Н ? Р.М.	3 2019 8	33 S	ubject ass	saulte	d					130
AEDI	21d. INJURY OC		21e PLACE O STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET		CITY OR TOW	/N	COU	INTY		STATE
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY UN KNOWN										-			
	22a I certify	that I took charge of t	the remains desc	ribed obove, held an		sy X, Inspec	tion .	Inquiry	, ond	п ту ар	inian		1.12
		disam. Al-				Hamisida X	. Hadata			,			

TITLE (SPECIFY) ACTUAL Chi ONEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) D. Smith, M.D. Thomas Penn St. Balto., MD. ADDRESS

736, BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d. LOCATION

7-83 24. FUNERAL DIRECTOR

Boonsboro Cemetery Pour Programme 1756. DATE REC'D. BY REGISTRAR Boonsboro, Wash. UC Co., Md.

John H. Bast, Boonsboro, Md. 21713 Jr.

THE RESTRICT OF THE PROPERTY OF THE . . 8 . V . LS . 00 not talke : 0.5 4.4.1.5 Ecis . i pumber . i l The fired purious and the Hit de n . 19 Tr H. Stille, dr. H. Lilebring, Mr. the second of the second of the second

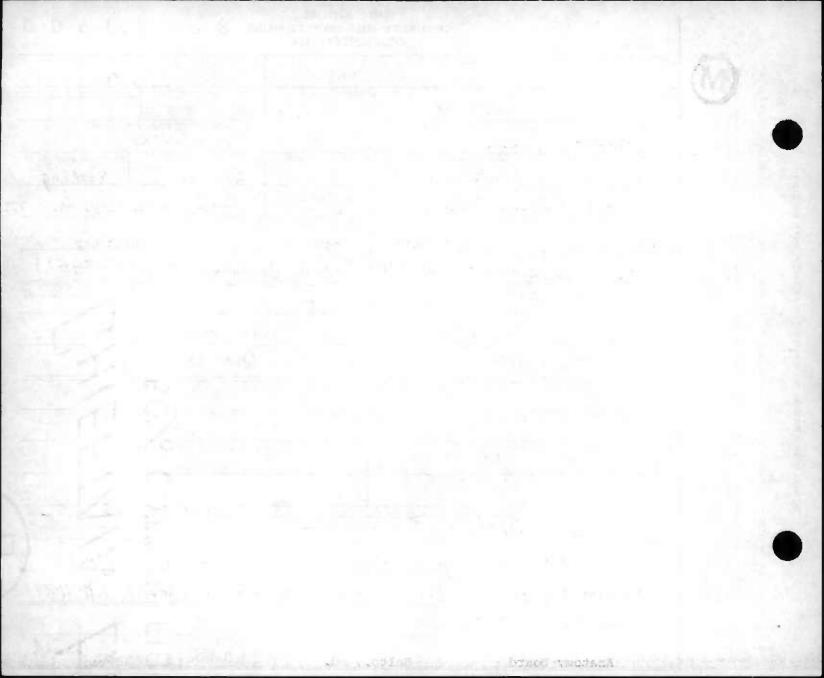
deta . desc. ... Houndoure, M. Civis desc.

Anatomy Board

1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 0 0 0 0
	EASED NAME FIRST OR PRINT)	P	Carpenter	20. DATE OF PEATH MONTH	19, 1983 8:00 P
3. SEX	Male	1. RACE White 5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	THPLACE STATE OR FOREIGN DUNTRY) Maryland	T7 C	MARRIED NEVER MARRIED NIVORCED	9. BALTIMORE CITY OR COU	
A // II A	YOR TOWN OF DEATH rederick	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD MONTHS LOW	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN LADOVEY	126. KIND OF BUSINESS OR
130. ST	Paryland Fre	TOTHER INSTITUTION GIVE RESIDENCE BEFORE AD NITY OR TOWN THE REVIEW	YES NO NO		Mt. Airy, Md. 21
	HER'S NAME FIRST John	Carpente	15. MOTHER'S MAIDEN NA FIRST Mary	WIDDLE	Whittaker
	AS DECEASED EVER IN U.S. AR (IF YES, SIN USNO	E WAR OR DATES) - 11 - 11 - A	-MU T	larpenter ?	(795-3457)
event, the	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	one couse per line for (a), (b), and (i) DBY: TE CAUSE (a)	1 10 . 2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oumotic	Conditions, if ony, which	DUE TO, OR AG A CONSEQUENT	Esclerutio Co	reteo Vascular	5 years
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF	Disease.	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
8 shows ony injur	198. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 200. IN CE	PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE-		YEAR	RRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR/	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	sow the deceased alive or	ital) attended the deceased from 13 19 5. It is view the body after death.	3_, and that in (my) (ava) aprinion	death occurred on the date and	, 1982, that (I) (we) los hour and from the causes stated
If Hem	226. SIGNATURE Bernard C	Thomas On	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DAHYSICIAN	27c. DATE SIGNED 4/20/83
Mrottan T	Bernard (7. Momas Jr.	228 N. Mark	retst. Freder	rick, Mt. 21701
23a. Bl	URIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 4/20/83 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24. FU	NERAL DIRECTOR NAME Anatomy P	ADDRESS	alto., Md. 250 DA	TE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

Balto., Md.

STATE OF MARYLAND



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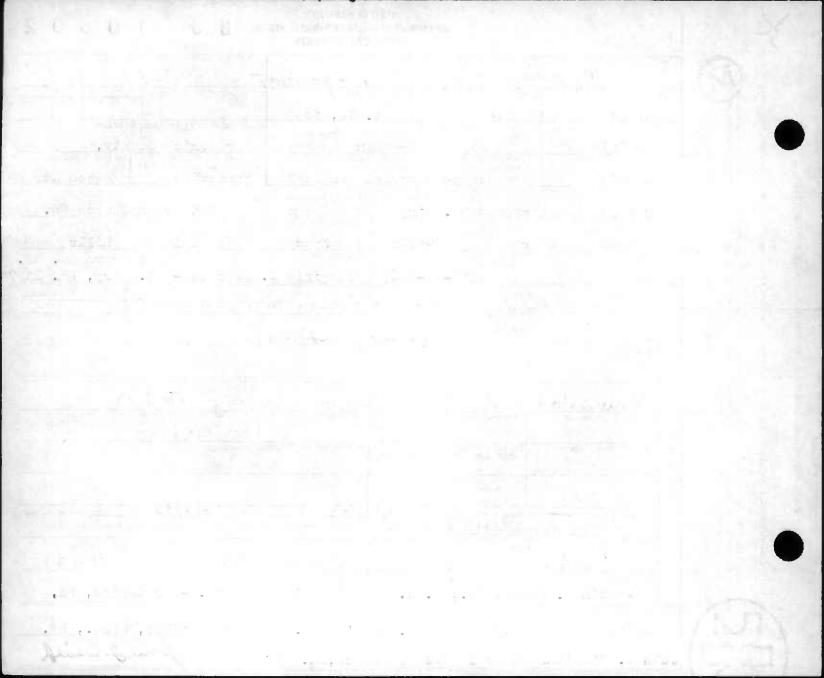
BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0001
Ī	1. DECEASED NAME FIRST	WIDDLE	tA51	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Maur	ice Edwin	Crum	April 24	1983 6:35
_	1.5EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H
A	Male	Caucasion	2 15 1909	74 YRS	MONINS DAYS HOURS A
AIL	BIRTHPLACE TATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
-24	Maryland	U.S.A.	WIDOWED DIVORCED	Frederick Co	ounty
	10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS INDUSTRY
0/0	Frederick	Citizens Nu	rsing Home	Farmer	Agricult
致ん	13a STATE 13b. CO	or other institution give residence before unity 13c. City or tow ederick Walkers	N 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 10546 Harp Ro	pad, 21793
in in	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
100	Sterley	E. Crum	Amy	Estelle	Main
	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU 217-10-		10546 Harp Ro Walkersville	oad 2.Md 21793
ahe n		only ane couse per lipe for (o), (b), and		, walkelsville	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
injury, ar other troumatic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN		ence of Justose (ence of the two hear peath but not related to the term Study Lend	- 17	VEN IN PART I to
Auo smar	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
	00.00.00.00.00.00	DEATH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rked or I	OR CONTRIBUTING CAUSE OF	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
121 is mo	saw the deceased plive	spital) attended the deceased from 19 on 1	3 ond that in (my) opinion	death occupied on the date and ha	ur and fram the couses stated
IMPORTANT: If then	22b. SIGNATURE SEWARD 27d. PHYSICIAN'S NAME (179	O Thomas	DEGRAC ATTENDING PHYSICIAN [MEDICAL STAFF	221. PATE SIGNED 4 26/83
Ody	Li Barana				
≤	230 BURIAL, CREMATION, REMOV (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	Libertytown	, Frederick,
/B1	24 FUNERAL DIRECTOR	40 Fulton Avenu	ue, 21793 250 DA	AY 3 1983 PEGISTRAR 26 REGIS	TRAR'S SIGNATURE CALLEL

Line a Carry

	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	SIENE 8 3 REG. NO.	0 6 0 2
		EASED NAME FIRST OR PRINT)	850 4. RACE	VIRGINI	A 5. DATE O		20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 83 IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
rs of	1	Temale	White	V	Oct		83 yrs.	
727 8/3	C	THPLACE (STATE OR FOREIGN DUNTRY) Jirginia	τ	WHAT COUNTRY?	WIDOWE		Prederick Co	unty, MD.
by the fune filed within notified of	F	YORTOWN OF DEATH rederick	Frede	erick Mer	ADDRESS) Moria	ROTHER INSTITUTION 1 Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY Homemaker
filled in auld be		LRESIDENCE (IF NURSING HOME TATE 135 CO Aryland Hor	OP OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO 🔀	130. STREET ADDRESS 9001 Brown	Church Rd.
	14 FA	THER'S NAME FIRST John	middle deorge	tast Edwaj	rds	15 MOTHER'S MAIDEN NA FIRST Nancy	Virginia	Mills
physicion and co	16a W	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	217-32-6		17. INFORMANT Virginia D	ADDRESS 9001 Bruchie - Mt.	
s been signed by the ottending rmit. Then please remove corbot priar to buriol, cremotion, or re- ony injury, or other traumotic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN PART 2. DATE OF OPERATION	DUE TO, OI	wity	ENCE OF	0		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ter this certificate hos the burial-transis per ond Mentici Hygiene rked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO YES	PART I OR PART 2)
After this ce se as the buric ofth and Men morked or Ite	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e. PLACE			21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for us of He		22a. I certify that (I) (this had saw the deceased alive above, (I) (we) (did					deoth occurred on the date and hou	
000.		226. SIGNATURE Cuit.	Pia	100			MEDICAL STAFF DIRECTOR PHYSICIAN	423
should be deto with the State I		Austin A.			D.		ouse Ave Fred	lerick, Md.
) + s × ₹	(urial, cremation, remov specify) Burial	AL 236. DATE 4/4/8			ke's Cem.	23d LOCATION CITYORTOWN Brownsville	
5 50M 4/B2 15, 4)		hn T. William	ns Funera	al Home	Bruns	Al	PR 1 1 1983	Labell



	th Page A	ol directs pre-18	and.
	ate be executed within 24 hours after dec	pician and completely filled in by the fund open. Pages I and 2 should be filed within eat.	t the medicological party belocking or
	TO-HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 100 per retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the Laminal direction, and also be detached for use as the busid-transit permit. Then please remove contamplem. Pages 1 and 2 should be filled within 72 hours discontinuely the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPOPTANT: If hem 2] is marked or hem 18 shows one injury or other frommer event the medical association of order
,	TO-HOSPITAL OR ATTENDING PHYSICIAN: The Identification by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this ce should be detached for use as the buring with the State Dept. of Health and Mer	MADODIANI. If Bern 21 is marked or by

	STATE OF MA	ARYLAND	
DEPARTM	NT OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEATH	

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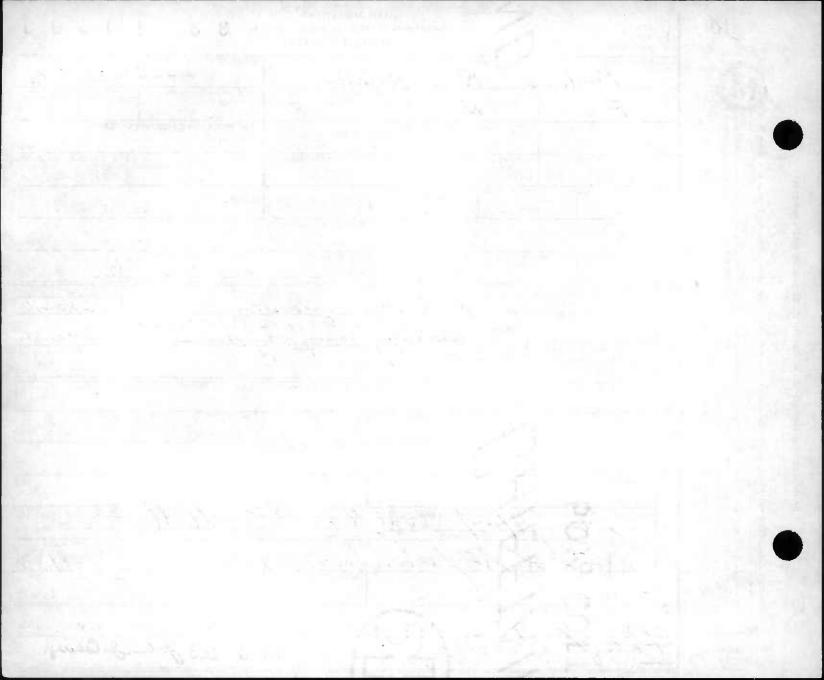
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST		WIDDLE	,0	AST	20. DATE OF DEATH	ONTH DAY YEAR 26, HOU
	Paylin		Mae	WEL	auter	7	- 26-83 91
3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS
1		Y		9	7 1919	63	YRS.
(IRTHPLACE (STATE OF FOREIGN COUNTRY) aryland		WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED	Frederick	COUNTY OF DEATH
F	TY OR TOWN OF DEATH Frederick	Frederi	LCK MEMOR	iai Ho	ospital	120. USUAL OCCUPATION (14PE OF WORK FOR MOST OF V Storekeepe)	VORKING LIFE) INDUSTRY
13a. S	al residence (if nursing home of State 136, cou ryland Fred	or other institution justy derick	GIVE RESIDENCE BEFORE 134. CITY OR TOWN MYETSVIL	N 1	13d. INSIDE CITY LIMITS? YES NO 🛣	12037 Wolfs	ville Rd. 21773
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	IAST
	Faris		Smith		Estella		Leatherman
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT		sville Rd.
	YES, NO OR UNKNOWN) (IF YES, G	WAR OR DATES)	212-62-25	593	Lee Delauter	Myersville,	, MD 21773
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OI	R AS A CONSEQUE	1/m	Cowny exit	y disense	2 yeu
ATION	gove rise to immediate cause (a), stating the	(c) CONDITIONS <u>CC</u>	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USE
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c) CONDITIONS <u>CC</u>	R AS A CONSEQUE	NCE OF		20e AUTOPSY?	
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH IT IF INJURY M. MONTH DA	DEATH BUT		20e AUTOPSY?	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES \ NO
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CO	R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH IT IF INJURY M. MONTH DA M.	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO NO INITEM 18, PART 1 OR PART 2)
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED C	196. CONDITIONS CO	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	DEATH BUT OPERATION AY YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCURION 21f LOCATION STREET 4 that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO NO INITEM 18, PART 1 OR PART 2)
	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19e DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED C	CONDITIONS CO	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	DEATH BUT OPERATION AY YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCURION STREET 21f LOCATION STREET 21f hot in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES NO COUNTY 19 3, that II) 20c. DATE I I ONED

Myersville, MD 21773

DHMH - 16 50M 4/82 (VRA 15, 4)

Ricketts Juneral Home

BP.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Middle Last First 2b. HOUR death requires that the death certificate be executed within 24 hours after death Month (Type or print) Day RACHET. Apri 7 KEPLER DeLAUTER 1983 S. DATE OF BIRTH IF UNDER 1 YEAR IF UNOER 24 HRS. 3. SEX 4. RACE 6. AGE (In years lost birthdoy) DAYS HOURS Caucasian 1896 Female October 9. COUNTY OF DEATH 7a BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (auntry) WIDOWED X DIVORCED [Frederick Maruland US A 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress) **INDUSTRY** pleose remove corbon physician and completely Frederick Home for Aged-115 Record St Homemaker So. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY NO . YES 115 Record Street Maruland Frederick Frederick n ony 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Vincent S. Ausherman Kepler Annie A. ame 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) NO (If yes give war or dates of service) 115 Record St. 220-28-8963 Mrs. Stamm rederick Md. 1B. CAUSE OF DEATH (Enter only one cause per line_for (o), (b), and (t).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF

stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from... , and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceosed olive an_ causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE 4/20/83 22d. PHYSICIAN'S 22e. ADDRESS NAME(Type) Timothy F. Hickey, MD Parkview Medical Center, Frederick, Md. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (County) REMOYAL (Specify) 4/22/83 Reformed Cemetery Middletown, Frederick, Md. 2Sb REGISTRAR'S SIGNATURI 2Sa. REC'D BY REGISTRAR 1201 N. ADDMarket St. 5 Frederick, Md Dailey & Son

burial-transit signed hos been SD USe this certificate for the hospitol 50 detoched O FUNERAL DIRECTOR: After be retained

VR A15 (4) 30M REV. 1/68

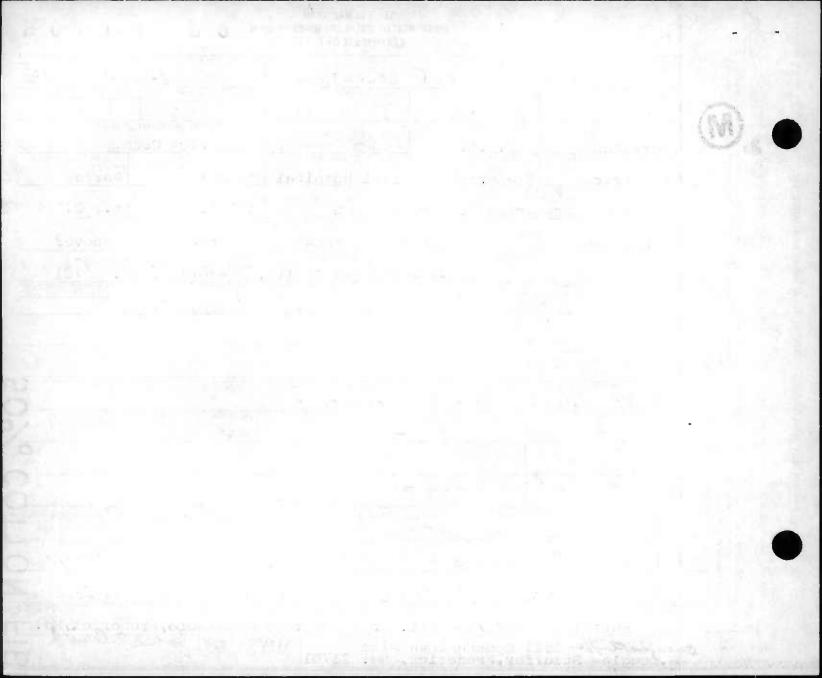
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 havrs after a may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in the time of the contract of th
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1	۱ -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	960
		EASED NAME FIRST SILA	MIDDLE	LAST PART PA	A DAIL OF BEATH	DAY YEAR 26. HOUR
	SEX	3/-[1	S WILBERT	DELAUTER TS. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR 1 IF UNDER 2
3	2E V			MONTH DAY YEAR		MONTHS DAYS HOURS
A)	RIP	Male THPLACE STATE OR FOREIGN	Caucasion 76. CITIZEN OF WHAT COUNTRY?	1 10 1898	9 BALTIMORE CITY OR COUNT	V OF DEATH
100	C	DUNTRY)		MARRIED NEVER MARRIED		
		ryland Y OR TOWN OF DEATH	U.S.A.	WIDOWED TO DIVORCED TO NOTHER INSTITUTION	Frederick Co	126 KIND OF BUSINES
製し		ederick	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LI	
0 US	SUA o. ST	ATE 13b. COUL	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	
3r(/m			derick Frederi		127 E. Third	St., 2170
	FAI	HER'S NAME		15. MOTHER'S MAIDEN NA		
1001		Charles	MIDDLE Delaute	er Emma	Cora	Hoover
		AS DECEASED EVER IN U.S. AF S, NO OR UNKNOWN) LIFYES, GIT	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	325 Braddock	Avenue
= \ \ =		No L	217—10—		z, riedelick,	APPROXIMATE INTERV
ra bural, cremation, injury, ar other traum		Mo Cose	ho Vaseular	DEATH BUT NOT RELATED TO THE TER		
8 shaws any injur		90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO 1
- A	- 4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CADE OF DE		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rked or frem	MEDI	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY ST
mom			ital) attended the deceased fram_	4.20 19.00	2 ta 4.23.	19 03 , that (I) (w
21 is		saw the deceased alive ar	19	, and that in (my) (aur) apinion	death accurred an the date and have	
T. If Item		22b. SIGNATURE	ni view the bady after death	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4/23/8
IMPORTANT: #		224. PHYSICIAN'S NAME (TYPE	BOUL MAJE	22e ADDRESS 4E CH	WRCH ST.	FRODERIC
≥ 23	a. Bl	JRIAL, CREMATION, REMOVAL	. 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	100
_	(5	Burial	4/25/83 M	t. Hope Cemeter	y Woodsbor, Fr	
4/B2 / 3/G	FU	Couglas Stau	21 Opossumtown ffer, Frederic	n Pike k, Md. 21701 25 M7	LEWER, D. BANGBARAN WORK	I Albeitahun K



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note he detoched for use as the burial-transit permit. Then pleas APORTANT: If Hem 21 is marked or Item 18 shows any

After this certificate has

HIMERAL DIRECTOR:

at by the hospital or attending physician. OR ATTENDING PHYSICIAN: The

O HOSPITAL

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uted within 24 hou

	FOR TATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3) o.	Q	6	0	6
	1. DECEASED NAME (TYPE OR PRINT)	FIRST		AIDDLE		AST	IN DAIL OF BEATT		DAY	rear .	26 HOL	
		Sister	В	emadette	П	issett	April 27,			1	_	5a.m
	3. SEX Female		White		5. DATE O	23, 1894 YEAR	6 AGE (IN YEARS LAST BIRT		IF UNDER	OAYS	HOURS	MIN.
9	70 BIRTHPLACE (STATE COUNTRY) New York	E OR FOREIGN	U. S.	WHAT COUNTRY?	Ř	NEVER MARRIED	* BALTIMORE CITY OF Frederick	_		ATH		MD.
16	Emmitsbu				G HOME O	mmitsburg,	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NUTSE			USTRY	Dgt	
3	USUAL RESIDENCE (1 130. STATE	13b. COU		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Emmitsbu	N	13d. INSIDE CITY LIMITS? YES X NO	333 S. Set	on Av	е.	. •	21;	127
16	14. FATHER'S NAME FIRST Edward		MIDDLE	Dissett		15. MOTHER'S MAIDEN NA. FIRST Anna	WE		Do	yle		
1	160 WAS DECEASED (YES, NO OR UNKNOW NO		MED FORCES? E WAR OR DATES)	579-66-6		Sr. Josephi	ne - Emmits		Md.	21	727	
	Conditions, if gove rise to couse 101, underlying	ony, which immediate stating the couse lost.	DUE TO, O DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	scleist	eart fa	Dise	4		MATE INTE	RVAL DEATH
		SIGNIFICANT	(00	IIII	ac	MOT RELATED TO THE TERM	alic				36.	
2	NO 190 DATE OF O	PERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES IN CERTIF YE				TH?
1	OR CONTRIBUTION	AS UNDERLYING [G CAUSE OF DE	AIH	FINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART I OR I	PART 2)		
1	(IF EITHER, NOTIFY 21d. INJURY OC		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	cou	NTY	S	STATE

P.M. 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION STREET 21e. PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE T WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (I) (we) (did) (did not) view the body 22b. SIGNATURE STAFF
PHYSICIAN MEDICAL DIRECTOR ATTENDING PHYSICIAN

22e. ADDRESS

Alan Carroll M. D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

S. Seton Emmitsburg

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 29 Apr. 83 St. Joseph's

23d. LOCATION Emmi tsb

22c. DATE SIGNED

Apr.

24. FUNERAL DIRECTOR Skiles Funeral Home, Emmitsburg, Md. 21727

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

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		Kd. 21727	entréd bille , o o	i faroan eelik	

6	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	0 6 0 7
m. r		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
yy be age 3 deoth		NELLIE	MARGUERITE	DODSON	APRIL 6-1	983
ŭ d j	3. SE	× -	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		F	W	JAN 7-1911	72 YRS.	DATS HOURS MIN.
neral direct	7tf. B	RTHPLACE (STATE OR FOREIGN) OUNTRY)	USA	MARRIED NEVER MARRIED UNDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	OF DEATH MD.
with with	10. C	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
to see the see	EI	REDERICK	MEMORIAL	HOSPITAL	TYPE OF WORK FOR MOST OF WORKING LIF	NOWN HOME
filled in 24 hours being	17		TY 13t. CITY OF COM	134. INSIDE CITY LIMITS? RIDGE YES NO STANDEN NA FIRST	13e. STREET ADDRESS JOHNSVILLE	21701
(階語)()(BERNARD	E GINGEL		E 1/1	NTHICUM
on mo		VAS DECEASED EVER IN U.S. ARN ves, no or unknown) (1F yes, give	AED FORCES? 16b. SOCIAL SECUI WAR OR DATES) 218-03-	7/62 HENRY O	21791 ADDRESS/INICO	
equires that the death certifical an signed by the ottending phy. Then please remove corbonpo to buriol, cremotion, or removinjury, or other traumotic event	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ickof	MINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH // APPROXIMATE INTERVAL // APPROXIMATE INTERVAL
n. ne prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
rySICIAN: The ding physicio is certificate h buriol-transit I Mental Hygies		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
G PHYS attending ter this contact the burn and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospitol or RECTOR: Af red for use a rpt. of Health		22a.1 certify that (1) (this haspite saw the deceased alive an above, (1) (ive) (did (did nat 22b. SIGNATURE	X red 62 10 8	, and that in (my) (aur) apinion	death occurred on the date and hour	19 that (1) we) last and fram the causes stated
HOSPITAL OF THE BY THE FUNERAL DI VIDA be detach THE State DE ORTANT: If It		22d. PHYSICIAN'S NAME ITYPE OR	PRINTI	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	47/83
TO HOSPITAL of retoined by the TO FUNERAL IS should be deto with the Store IMPORTANT: If		M. AWILI	KINSON, M	D FREDER		LAND
BP		URIAL, CREMATION, REMOVAL BURIAL	APR 9-1983 M	AME OF CEMETERY OR CREMATORY THOPE	23d. LOCATION CITY OR TOWN WOODSBIRO	COUNTY MB STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FL	De Hartzler	Libertytow	n, Md AP	R 1 1 1983	RAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. HOUR DECEASED NAME EIRST AUDDLE 20 DATE OF DEATH MONTH TYPE OF PRINTE RUTH . IANE FDUJARD 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR 1913 70 YRS Female Negro To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED Frederick County IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Frederick Memorial Hospital Domestic Housecleaning USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 800 Motter Ave, Apt. 203 Frederick Frederick Maryland YES TO NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Michael Julia XXX Rebecca Ceasar James Digas 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Motter Avenue, Apt. 203 (IF YES, GIVE WAR OR DATES) IYES. NO OR UNKNOWN James Edwards. Frederick. Md. 21 217-32-5082 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY TERMINAL ENDOMOTRIAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21n. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) PM 19 71d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that the hospital) ottended the deceased from atte deceased o and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Toll House Ane, Fredorich . N. 2170. A.G. MANALO, M.O.

23c NAME OF CEMETERY OR CREMATORY

Resthaven Mem.Gar.

CITY OR TOWN

Frederick Frederick

per certificote and Mentol Hygi 18 buriol-tr Hem 0 FUNERAL DIRECTOR: ld be deto the State [ORT 0 BP

DHMH-16 30M 2/80 (VRA 15, 4)

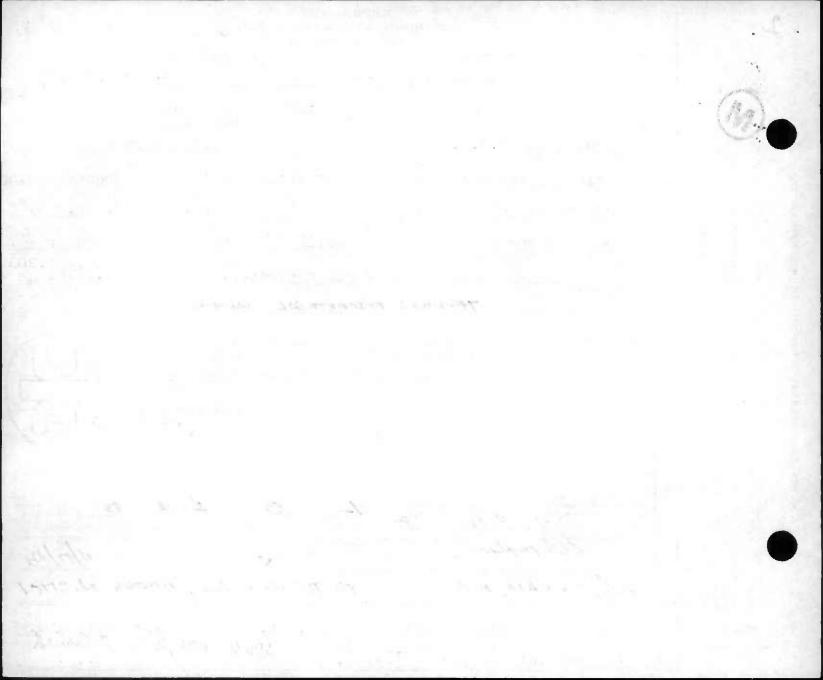
24. FUNERAL DIRECTOR Stauffer Funeral Home, Frederick, Md. 2170

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23b. DATE



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45	
1/	

ofter death. Page

injury, or other troumotic IMPORTANT: If Hem 21 is morked or Item 18 shaws ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	3	1	U	0	0	

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, , ,
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
Rich	ARd Albe	rt Ferguson	4/13	5- 4 7AM
1.5EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
Male	Negro	10- 03- 1906	76	YRS.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
West Virginia	U.S.A.	WIDOWED DIVORCED	Frederick	County MD.
10, CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION	126 KIND OF BUSINESS OR
Frederick	Frederick Me		Maintenan	
USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	1	oc high a carear
100.000	derick Freder		136 STREET ADDRESS	uth Street, 2170
4. FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
Charles	Ferguso	on Katheri	WIDDLE	LAST
160 WAS DECEASED EVER IN U.S. AR			ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	7530 Lucille Gi	.lbert, Fre	est South Street
			Thert, Fre	derick, Md. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), or ED BY:		ic Comes	BETWEEN ONSET AND DEATH
1050 IMMEDIA	TE CAUSE (a)			
1850	DUE TO, OR AS A CONSEQU	ENCE OF Dinhate	hellitis	7 400
Conditions, if any, which gove rise to immediate	(b)	7.00	.15111612	-/
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
underlying cause last.	(c)			
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
M 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		NOW IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
OR COLUMNIC CALLER OF OF		AY YEAR 21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	NITEM 18 PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
(IF EITHER, NOTIFYMEDICAL EXAMINE) 21d. INJURY OCCURRED	210. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE AT WORK	, and a state of the state of t			
22a.1 certify that (I) (this hosp	ttal) attended the deceased from	3017 19 19	, to7/15	, 19_85, that (1) (we) last
sow the deceased alive or obove. (1) (was) (did) (**National	19 Jiew the bady after death.	, and that in (my) (p) opinion	death accurred on the date	and haur and fram the couses stoted
220 SIGNATURE	on the oddy after death.	DEGREE		224. DAJE SIGNED
Jans 13.3.	June Will	ATTENDING PHYSICIAN	MEDICAL STAFF	NO 4/15/83
224. PHYSICIAN'S NAME (TYPE		?2e ADDRESS		
JAMES S	GRISSOM Mit	198 Thomas	Johnson Pr.,	Site 4, Frederick, M
230 BURIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY		

etoined by the hospital or TO FUNERAL DIRECTOR:

DHMH - 16 50M 4/82 (VRA 15, 4)

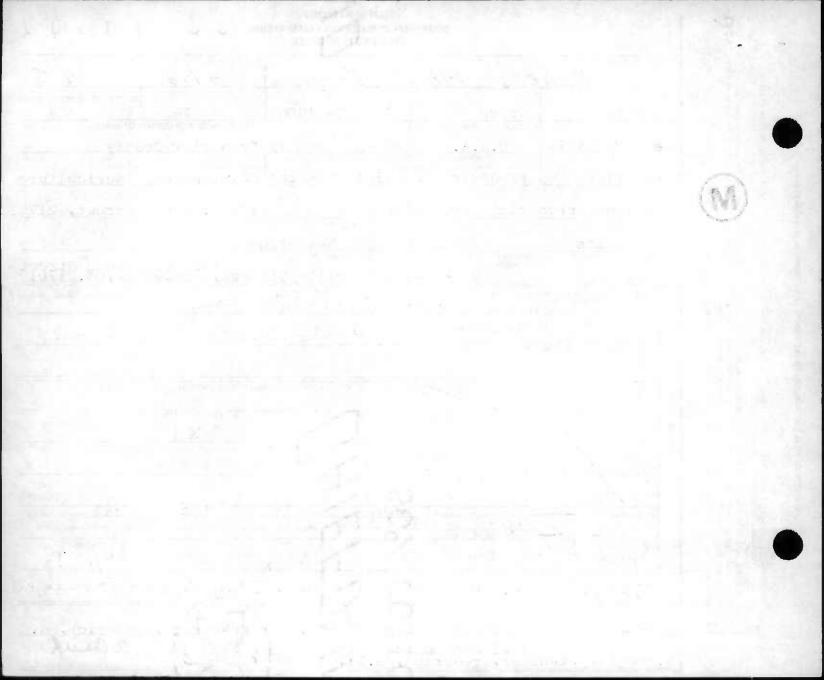
should be detoched for use as the buriol-tronsit permit. Then pleose remove corb with the Stote Dept. of Health and Mental Hygiene prior ta burial, cremation, or

After this certificate has been signed by a or the burial-transit permit. Then please

Entombment

Resthaven Mem.

24 FUNERAL DIRECTOR G.Douglas Stauffer, Frederick, Md. 21701 Gar Frederick
250 DATE REC'D. BY REGISTRAR 7/6
APR 2 6 1983



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offi

retained by the hospital or ottending physician.

BP_ DHMH - 16 50M 4 (VRA 15, 4)

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10	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	3 REG. NO.	al de la constante de la const	0 6	10
er depth		OR PRINTS	RST	N	Levi		HASTley	20. DATE OF I	1/3	ONTH DAY	83	26. HOUR 25
- हे तुद्दे - हे तुद्दे	3. SE	x Male	4. R.	Whit	e	5. DATE O		6. AGE (INYE	ARS LAST BIRTHE	YRS.	- Den i LEMM	HOURS MIN.
125		RTHPLACE ESTATE OR FOR	ign 7b. 0	U.S	what country?	8 MARRIE WIDOW	D NEVER MARRIED			county of		MD.
led ded	10, C	Frederick			OSPITAL, NURSIN FRACILITY, GIVE STREET ICK MEMOI		or other institution lospital	12a USUAL O		WORKING LIFE)	INDUSTRY	BUSINESS OR Company
ould be f	13a. :	AL RESIDENCE (IF NURSING STATE 13 ryland	HOME OR OTHE COUNTY Freder		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederi	N	134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET A	DDRESS st Thi	ird St	ceet,	21701
and 2 sh	14 F/	Frank	MIDD L	LE	Gastley	1	15. MOTHER'S MAIDEN N. Effic	AME	MIDDLE M.		ary	
Pages 1	16a \	VAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED IF YES, GIVE WA	R OR DATEST	217-32-5		17 INFORMANT Mrs. Beatric	e Gastle			ick, M	d Street d. 21701
, been signed by the ottend rmil. Then pleose remove co prior to buriol, cremotion, c ony injury, or other trouma	CERTIFICATION	underlying couse	diote the lost.	(b) DUE TO, OR (c) DITIONS CC		ENCE OF CO	A NOT RELATED TO THE TER	MINAL DISEASE	PSY?	TION GIVEN 20b. IF YES, W IN CERTIFYIN	ERE FINDING	
ol-tronsit pe itol Hygiene im 18 sbows		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	SE OF DEATH	216. TIME O HOUR A./	M. MONTH DA	AY YEAR	21c HOW INJURY OCCU		URE OF INJURY	YES [NO 🗌
After this ce se as the buri colth and Mer marked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE			21f. LOCATION STREET		CITY OR TOWN	N	COUNTY	STATE
irector: thed for us ept. of He them 21 is		22a I certify that 44 (the sow the deceased above. 47 (we) (did 22b. SIGNATURE	olive on	> /Ten	19 5	31	MARCIT, 19 F nd that in (myr) (our) opinion DEGREE	n death occurred				
should be detoc with the State D	200	22d PHYSICIANIS NAM Dr. Georg	/		Jr., M.D	<u>h</u> .	PHYSICIAN PHYSICIAN PHYSICIAN RESS RESPONDENCE RESPOND	MEDICAL DIRECTOR [S Md.	21701
16 50M 4/B2 A 15, 4)	24 F	Burial, CREMATION, RE (SPECIAL) UNERAL DIRECTOR Mittle, Keene	uler y and	Basto	, 1983 M	it. O.	Livet Cemeter 1250. A	CITY C	ederic	ck Fre		k, Md.

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retoined by the haspital or attending physician.

executed within 24 hours ofter death. Page 4 may be

and completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Ľ	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	10611
	CEASED NAME FIRST The Ima	Mercer Summe	ers GLISAN	April 10	
3. SE	x Female	4. RACE White	S. DATE OF BIRTH MONTH DAY May 15 1899		MONTHS DAYS HOURS MIN.
M:	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland ITY OR TOWN OF DEATH rederick	7b. CHIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Moridian Nur	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED ADDRESSI	P. BALTIMORE CITY OR COLOR Frederick 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOMEMAKER	County, M
USU 130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d. INSIDE CITY LIMITS?		Market Street
1	Morry	G. Summers	Flore	ence R.	Mercer
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 220-46-	7082 Valley Rd	el E. Glisan. Union Bri	dge, Md. 21791
7	Conditions, if ony, which gave rise to immediate cause (a). stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO		Sleve with L.	7
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive a	oitol) attended the deceased from in in in its position in its	DEGREE ATTENDING	n death accurred on the date on MEDICAL STAFF DEDIRECTOR □ PHYSICIAN	that (I) (we) lot dhour and from the causes stated 22c. DATE SIGNED
	22d. PHYSICIAN'S NAME JIVPE Dr. Rex R	orprinti Martin, M.D.	22e ADDRESS	h Market St.	11109
	Dr. Rex R BURIAL CREMATION, REM (SPECIFY) Burial	73b. DATE 23c.	NAME OF CEMETERY OR CREMATORY Lutheran Cemete:	23d. LOCATION	Fred. Md

Cemetery M

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Duria 190 Luthe 19 Smith Keeney Dasiord Funeral East Church St., Frederick, Md.

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(VRA 15, 4)

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physicion.

BP______ DHMH - 16 50M 4/82

(VRA 15, 4)

y filled in by the funeral director, page 3 should be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

24 hours after death. Page 4 may be

1 -	FOR STATE REGISTRAR			DEPARI	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	itint 0	REG. NO.	•	0 0	
	CEASED NAME FOR PRINTS	RENC		LLEN	G	LUE	% DATE OF	DEATH MONT	H DAY	83	10 S
3. SEX	x Female	4. R	White		5. DATE C	, , , , , , , , , , , , , , , , , , , ,		ARS LAST BIRTHDAY	YRS.	NDER 1 YEAR	HOURS
74: BIF	RTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN 76 (US.	MHAT COUNTRY	9 8. MARRIE WIDOWE	D NEVER MARRIED		rederic			
	Frederick		Fred	erick Me	morial	Hospital	(TYPE OF WORK	CCUPATION for most of wor sewife		12b. KIND O INDUSTRY	OF BUSINE
13a. S	al residence (# nurs STATE ryland	ng home or other 136 COUNTY Freder:		13c. CITY OR TO	MN	YES NO X		DDRESS 10 01d	Barth	olows	21's Rd.
14. FA	ATHER'S NAME FIRST Roy	MIDD)(E	Ramsbur	0	15. MOTHER'S MAIDEN NA/	ME	WIDDLE	Kau	ffmai	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED (1F YES, GIVE WA		215-20-		Dorothy Nu	sbaum,	^5803 Frede	Bells rick,	Md.	2170
	PART I. DEATH W		AUSE (o)	R AS A CONSEOL		LUNG CAME	CEL	-L 791	(5)		152
ATION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which nediote g the last.	DUE TO, OF (b) DUE TO, OF (c) DUE TO, OF	R AS A CONSEOU R AS A CONSEOU DITRIBUTING TO	JENCE OF JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITIO	DN GIVEN	IN PART 1	o.
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CERTIFIC	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which nediote g the last. (IIFICANT CON STATE CHON CAUSE OF DEATH	DUE TO, OF (c) 21b. TIME O	R AS A CONSEQUENT AS A CONSEQU	JENCE OF JENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE 200 AUTO YES	OR CONDITION PSY? 20b	IF YES, W CERTIFYIN YES	IN PART 10 ERE FINDE	NGS USED
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MEDICAL	Conditions, if ony, gove rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA: 110. ACCIDENT WAS UNDOR CONTRIBUTING (IF EITHER, NOTHY MEDITY WORK) 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK 220. I certify that (I) sow the decay above, (I) (we)/(22b, SIGNATURE) 22d. PHYSICIAN'S NA	which nediote g the lost. (ISTANCE OF DEATH CALEXAMINER) RED WITH CALEXAMINER (RED WITH CALEXAMINER) RED WITH CALEXAMINER (RED WITH CALEXAMINER	DUE TO, OF (b) DUE TO, OF (c) IDITIONS CC EMPH 19b. CONDI 21b. TIME O HOUR A.I P.J. 21e. PLACE ((AT HOME STR ottended the ew the body	R AS A CONSEQUENT AS A CONSEQU	JENCE OF JENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 19 and that in (my) (our) opinion of DEGREE	200 AUTO YES RED (ENTER NAT death occurred MEDICAL DIRECTOR	OR CONDITIC PSY? 20b IN NO SIN CITY OR TOWN On the dote of STAFF PHYSICIAN ME NA	IF YES, W CERTIFYIN YES TEM 18 PART 1	ERE FINDI G CAUSES O OR PART 2) COUNTY	ngs used of Death No that (I) (w couses sto

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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AR 2b. HOUR 11:50 A YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
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YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayol.

IMPORTANT: If Nem 21 is marked or Item 18 shows ony injury, ar ather troumotic event, the medical exc

106 East hurch Street, Frederick, Md. 21701

250. DATE REC'D. BY REGISTRAR 256 R

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detoched for use as the buriol-tronsit permit. Then pleose remove carbon pape with the State Dept. of Health ond Mentol Hygiene priar ta burial, cremotion, or removol.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physicion

STATE OF MARYLAND			-		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	3	0	6	- 6
CERTIFICATE OF DEATH		DEC NO			

1.	FOR - STATE REGISTRAR			DEPARTA		EALTH AN	D MENTAL HYGI F DEATH	ENE 8 3	o.) 6	1 4
	CEASED NAME	FIRST		MIDDLE	L	AST		2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPI	E OR PRINT)	Oda		May	HARR	IS		April 13	, 1983		5:00 PM
3. SE	X		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
	Female		Whi	te	Ser	t. 5,	1926	56	YRS.	HS DAYS	HOURS MIN.
	IRTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	what country?	8. MARRIE WIDOWE		R MARRIED DIVORCED	9. BALTIMORE CITY O Frederic			MD
	TY OR TOWN OF DE			HOSPITAL, NURSIN CHEACILITY, GIVE STREET, EdgeWood				12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Inspector	ON FWORKING LIFE) 12	ZE KIND C NDUSTRY LE LE C 1	tronics (
13a.	AL RESIDENCE (IF NO STATE lary land	13h COUNTED	OTHER INSTITUTION ITY erick	13c. CITY OF TOW Freder	ADMISSION)	13d. INSID YES 🔲	E CITY LIMITS?	13e STREET ADDRESS	dgewood	Chu	565 Rd.
14. E	Harvey		WIDDLE C.	Whipp, S	Sr.	15. MOTH	ER'S MAIDEN NAM FIRST May	Lo1a MIDDLE		Miss	S
16a. \	WAS DECEASED EVE (YES, NO OF UNKNOWN) NO	(IF YES, GIV	MED FORCES? E WAR OR DATES) One	219-20-0		John		is, Jr.,	18-B Ed	Mich	od Ch. Ro
7	Conditions, if all gove rise to in cause (a), sta underlying cou	mmediate ting the use last.	(c)_	ONTRIBUTING TO	ENCE OF		CO (NAL DISEASE OR CON	DITION GIVEN II		(a)
CERTIFICATION	19a. DATE OF OPER	RATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PEI	RFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES	
	21a, ACCIDENT WAS LOOK CONTRIBUTING	CAUSE OF DE	UIT .		AY YEAR	21c. HOW	/ INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCL		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC)	21f. LOCA	ATION	CITY OR TO	IWN	COUNTY	STATE
	sow the dece	osed alive on	11		5. 8.3.	nd that in (my) (our) opinian c	to 4			tho (1) (we) last couses stated
	22b. SIGNATURE	3	Z	h	41	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	IS/83
1	22d. PHYSICIAN'S		Rausch	M.D.		1 Wes		h Street,		k. M	d. 21701

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

23d LOCATION
y Frederick, Frederick, Md. 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 16, 1983 Rocky Springs Cemetery pr

24 FUNERAL DIRECTOR What C.C. Smarth, Reeney and Basfo 106 East Church Street, Basford ADFuneral treet. Frederick

23b. DATE

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	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 3	10615
age 3 death		CEASED NAME FIRST	Walter A RACE	HART 15. DATE OF BIRTH	20. DATE OF DEATH MONTH	DAY YEAR 76. HOUR 9.45 N
afte.		m	W	April 6, 1916	67 YRS	MONTHS DAYS HOURS MIN.
iter death. Page within 72 hours fied of Once.	1	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland ITY OR TOWN OF DEATH	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUN Frederick	County, MD
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24 hour			other institution give residence before TY 13c. CITY OR TOWN derick Freder		130. STREET ADDRESS 29 Hamilton	n Avenue 2/70/
within the within	14. FA	THER'S NAME	B. Hart	15. MOTHER'S MAIDEN NA FIRST Mary	ME MIDDLE	Winpigler
on and c b. Pages medical		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE YOS W	WAR OR DATES)	9692 Ave., Fred	Viola Märt, lerick, Md. 2	29 Hamilton 1701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certifical signed by the attending phy. Then please remove corbango to burial, cremation, ar removiniury, ar ather traumatic event	NO	PART I. DEATH WAS CAUSED HIGH Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	Myo, Infantia	With Circline of Market	15m
ian. has been the print. I permit. I iene prior raws any ii.	CERTIFICATION	19a. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \equiv
HYSICIAN: The ding physicio physicio pis certificate burial-transit Mental Hygis ar Item 18 sho		21E ACCIDENT WAS UNDERLYING OR CONTRIBUTING ○ CAUSE OF DEA OF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF PLANEY PLITTERS IT	R PART I DR PART I)
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TAL OR ATTENDIN by the hospital or RAL DIRECTOR. Af detached for use of detached for use of tote Dept. of Healt I'll flem 21 is mo		saw the deceased alive on above / 1) I well did Add not 172 SIGNATURE	X Koufin	DEGREE ATTENDING PHYSICIAN	death occurred on the date and h	our and from the course Hered 17: DATE SIGNED
retained by the TO FUNERAL I should be detained with the State I IMPORTANT: If		Dr. Robert	L. Kaufmann		louse Ave.,Fre	ed. Md. 21701
BP	{	urial, cremation, removal specify) Buria		Name Of Cemetery or Crematory It.Olivet Cemete	23d location ery Frederick	Frederick Md
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	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death carafectate be executed within 24 to called the American Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illiadars. The arial director, should be detached for use as the burial-transit permit. Then please remove certion adpert. Pages 1 and 2 should be like a minner the with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
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		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
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REG. NO.	*	

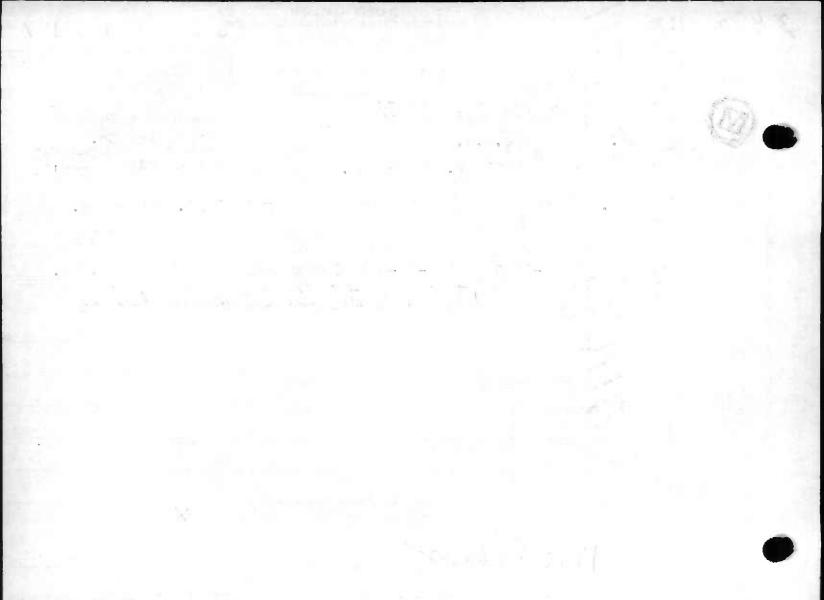
1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	9 000	6-1-6
	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
(TYPE	OR PRINT) Harol	d Frank	clin H	EFFNER	April 1	9, 1983	M
3. SE:	X .	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		
1	Male	White	Jan		56	YRS MONTHS DAT	YS HOURS MIN.
7o. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8.	M NEVER MARRIED	9. BALTIMORE CITY O		
1	Maryland	U.S.A.	WIDOWE		Frederi	ck County	MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
1	Frederick	Frederick		l Hospital	(TIPE OF WORK FOR MOST O	WORKING (IFE) 1 [[4]03]]	
13a. S	AL RESIDENCE (# NURSING HOME C STATE 136 COU	NTY 13c. CIT	PENCE BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LIMITS?	134 STREET ADDRESS	22 T-00	
		<u>derick Jef</u>	ferson	YES NO	P.O. Box	JS Jelle	erson, Md.
14. FA	THER'S NAME Donald	N. Heff	ner	Elizab		Shumake	LAST
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS P O Bo	x 32.
- (Yes Yes 1945	100 DATES) 219	-20-1819	Mrs. Laver	ne Heffne: Maryland	21755	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:		vivit		BET WE	OXIMATE INTERVAL EN ONSET AND DEATH
	4149 IMMEDIA			7.4.7.1			63.00
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	gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF	0			
	underlying cause last	(c)					
NO	PART 2 OTHER SIGNIFICANT	conditions contribu	TING TO DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN IN PART	1(0)
AT	190 DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN	
I FE					YES NO TO	IN CERTIFYING CAUS	SES OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4 44 446	Y ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART	2)
SICA	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJU	19	21f LOCATION			
ME	WHILE NOT WHILE AT WORK AT WORK		DRY, OFFICE, FARM, ETC	STREET	CITY OF TO	WN COUNTY	STATE
	220.1 certify that (1) (this has	1131100		1) 3 , 19 and that in (my) (ear) apinion	, to	93	, that (I) (we) last
	abave, (I) (we) (did) (did n		oth.	DEGREE	dedin accorred on the ac		
1	278. SIGNATURE	in Prace	21.	ATTENDING _	MEDICAL STAF	F_U	20/87
13	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	0	22e. ADDRESS			
	Dr. A. Au	stin Pearr	e Jr.MD	804 Toll	House Ave.	Fred. M	d. 21701
	BURIAL, CREMATION, REMOVA	DATE DATE	-	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	SIAIE
	Burial	101.2 m19	3 Luther	ran Cemeter		n Freder	
24. [Mith Keeney 106 E. Church	Bastord P	erick. M	Home 'S APF	R 2 6 1983	Mb. REGISTRAR'S SU	hulf

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		. 0
	EASED NAME	FIRST	-	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(ITTE C	A PRINT)	Lero	y	Cleveland	1	HUTZELL	April 26	, 1983		4:20A M
3. SEX	***		4. RACE	100	5. DATE		6. AGE (IN YEARS LAST BI	THDAY) IF UND	ER I YEAR	IF UNDER 24 HRS
Ma	ale		White		Nov	14,1915	67	YRS.	DAYS	HOURS MIN.
	THPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		EATH	
Fre	ederick C	o.,Md	U. S.	Α.	WIDOW		Frederi	ck		MD
10. CIT	Y OR TOWN OF DE	ATH			G HOME (OR OTHER INSTITUTION	12e. USUAL OCCUPAT		KINDC	F BUSINESS OR
Mic	ddletown		1720	old Natio	nal 1	Pike	Labor	Aircual	USIRY	Mfg.
13a. ST		13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Middlet	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	National	217 L Pil	69 ke
4 FAT	HER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
	Elmer		eveland.			Ethel		zabeth		Moss
	AS DECEASED EVEL S. NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT		\$ 720 010		
No				212-14-6	394	Mrs. Mamie	I. Hutzell,		A CONTRACTOR OF THE PERSON NAMED IN	
	8 CAUSE OF DEA	TH (Enter onl	y one couse per	line for (a), (b), and	lic ul					MATE INTERVAL ONSET AND DEATH
	PART I. DEATH		E CAUSE (o)	Probable	e C	voice and	at		MIN	utes
CERTIFICATION		e lost	ONDITIONS CO	DITRIBUTING TO D		NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN IN	PART 10	01
CA	90. DATE OF OPER	MOITA	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDING	VGS USED
E							YES NO	YES 🗌	CAUSES	NO 🗆
	710. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEE	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	PART 2)	43
MEDICAL	WHILE NOT	RRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN CC	VINU	STATE
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	22s. I certify that to			1	2	19 01	, to	. 19		that (I) (we last
	obove (I)(we)	(did) did no) view the body	ofter death.		nd that is (my) our) opinion	deoth occurred on the d			
	77b. SIGNATURE	time	× L.	Roess	Zer	ATTENDING PHYSICIAN	MEDICAL STA	FF	4 2	\$16/83
	22d PHYSICIAN'S N	AME (TYPE OF				278 ADDRESS	11.5	4.4-		
	JAW	res c	Korss	scer wo		P.O. BOX 17	MIDDLETO	DM, MC	, 2	1769
23a. BL	IRIAL, CREMATION	I, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	ro, Wash	NTY C	., Md.
			4- 2	0-03 BC	OUSD	oro Cemetery	E REC'D. BY REGISTRAR	ro, wash	. 00	., Md.
TUT F	VERAL DIRECTOR					230. DAI	E REC D. BT REGISTRAN	ZOD KELMOTKAK'S	SIGNAL	UKE _ A

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TO HOSPITAL OR ATTENDING PHYSICIAN: The

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

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injury, or other traumotic event, th

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

DHMH - 16 50M 4/82 (VRA 15, 4)

John H. Bast, Jr.

Boonsboro, Md. 21713

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADS: A CERT AND LINE SOLD TO A SOLD hite Nov. 14,1315 rotteries Co., M. . U. S. s. The second secon Bold Franklin all the Land and a moral field abitation for figure and along the first the first conference went This was the trade I. Intelly a cleron, Mr. Burkel to Ford Sednesser to Because the Co., Mt. electric state, r. decembero, Hi. 1419

FOR	DEBAD	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 3	10610
- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
(TYPE OR PRINT)	ella DAISYMNHI	Jackson	Apri	L 21, 198371459, N
J. SEX Female	4. RACE	5. DATE OF BIRTH MONTH LAY 15 1923	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
70. BIRTHPLACE ISTATE OR FOR	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Freder	COUNTY OF DEATH
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	128. USUAL OCCUPATION	
B USUAL RESIDENCE (IF NURSING	1 13 5	DRE ADMISSION)	13 STREET ADDRESS	outh 51
14. FATHER'S NAME FIRST PI	MIDDLE HASTAS LAST	15. MOTHER'S MAIDEN N	DA/SU	Bowie
160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 166. SOCIAL SEC IFYES, GIVE WAR OR DATES) 217-18	-8796 LA NO LL	1. GOE 114	Fred, md
18 CAUSE OF DEATH I	Enter only one cause per line for (a), (b), c CAUSED BY: MEDIATE CAUSE (a) Myo c	andial Infare	tion	BETWEEN ONSET AND DEATH ONE NO WY
250 C Conditions, if ony, w	DUE TO, OR AS A CONSEO		scleratic Hear	t 20 years
	the DUE TO, OR AS A CONSEO	VENCE OF Mellitis	Disea	se 20 years
	ICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COND	ITION GIVEN IN PART 110
190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	on 196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
7 A CONTRACTOR	SE OF DEATH HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJURY	r IN ITEM IB PART 1 OR PART 2)
OR CONTRIBUTION OF MEDICAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. L certify that 19/16	21e. PLACE OF INJURY	E. FARM. ETC } 21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
D 10	nis haspital) attended the deceased fram plive an 1° 20 19. O'did nat) view the bady after death		3 , to 4 - 2 n death occurred an the dat	te and haur and from the causes stated
22b. SIGNATURE	thy TM Q:	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
22d. PHYSICIAN'S NAM	111	220. ADDRESS 700 Montel	٨	Frederick MD
230. BURIAL, CREMATION, RE	MOVAL 23b. DATE 23c 4-23-83	NAME OF CEMETERY OR CREMATORY		VILLE Fred STATE
24 FLINEPAL DIRECTOR	CETT 21, 3W. CATS	Fm d. m d 250. D	R 2 9 1983	

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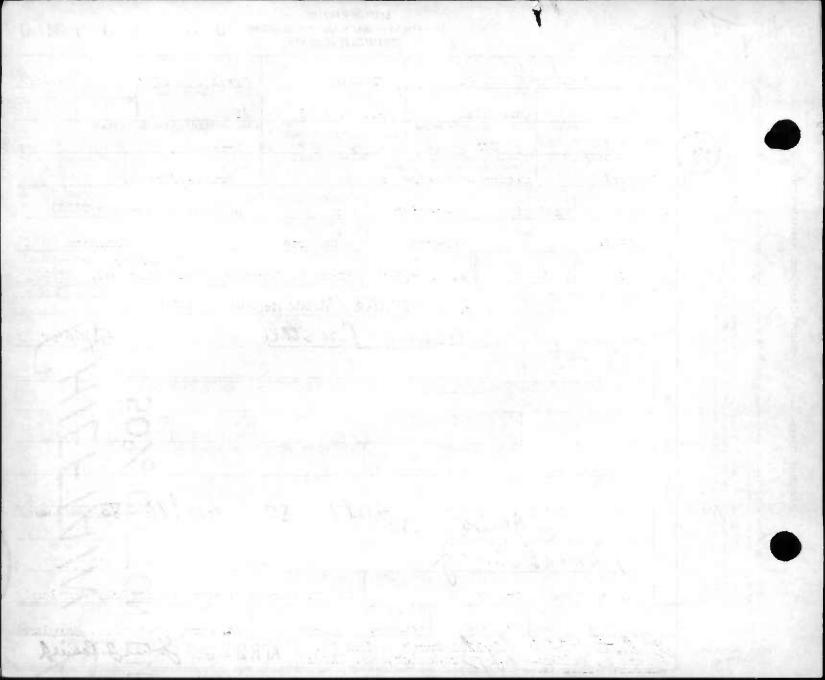
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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	1 -	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	REG. N		0 6	20
B		CEASED NAME	FIRST	-	AIDDLE	i	AST		MONTH	DAY YEAR	26. HOUR
	(TYPE	OR PRINT)	LLIAM		L.	.72	CKSON	April 16.	1983		10:25Am
	3. SE)			RACE	и.	5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24 HRS
		Male	C	aucasi	an	Feh	. 8, 1891	92	YRS.	MONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR FO			WHAT COUNTRY?	8.		9. BALTIMORE CITY		OF DEATH	
1		country) Virginia	200	USA		WIDOWE	D NEVER MARRIED DIVORCED	Enodonio	7-		MD.
7		TY OR TOWN OF DEAT	н 11.	NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	Frederic 120. USUAL OCCUPAT	ION		F BUSINESS OR
	$)_{F}$	rederick	C		H FACILITY, GIVE STREET AS NURS INC		e	(TYPE OF WORK FOR MOST			
,	USU A	AL RESIDENCE (IF NURSIN	G HOME OF OTH	ER INSTITUTION.	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Z			Freder		Frederic		YES X NO	800 Motte	r Ave	nue 2.	1701
7		THER'S NAME			LAST		15. MOTHER'S MAIDEN NA	ME		LAS	
4		William	MIDI	DLE	Jackson		Rebecca	MIDDLE		Lumpki	
		VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	n Shai	wnee Dr	
	(1)	WW I	(IF YES, GIVE W		223-14-	5740	Herman L. Jac	ckson Fre	deric.	k, Md.	21701
		18. CAUSE OF DEATH	(Enter anly a	ne couse per	line for joi, (by, one	lici)	-1 0-1	No.		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WA	MMEDIATE C		Metas	tal	is Careen	oma bon	3		
		1850		DUE TO, O	R AS CONSEQUE		De atol	-		7710	1111
		Conditions, if any,		(b)	Cane	ei	Justan			Syc	wyo
		couse (a), stating	the 1	DUE TO, O	R AS A CONSEQUE	NCE OF				0	
				(c)		F 4 711 0117	THOU DELL'ATER TO THE TERM			(FALINI DARY)	
	Z	PART 2. OTHER SIGNI	FICANT CON	NDITIONS <u>CC</u>	DNIKIBUTING TO L	EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GI	VEN IN PART ITO	1'
7	CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
	TIFIC							YES NOT		FYING CAUSES	NO [
1	CER	21a. ACCIDENT WAS UNDE		216. TIME O		V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2)	
		OR CONTRIBUTING CA		HOUR A.	M. MONTH DA M.	19					
	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
	Σ	WHILE NOT WHILE	E 🗌	(AI HOME, SIK	EET, FACTORY, OFFICE, F.	RRM, EIC)	1 -1	4.4	1.1	0.	
		220.1 certify that (I) (1		Alegded th		M	M/ 1982		16		that (I) () last
		sow the deceased above, (I) (we) (die	d alive an/ d) (did nat) v	iew the bady		X3_, or	nd that in (my) (our) apinion	death accurred an the d	ote and hau	ur and fram the	couses stated
		226. SIGNATURE	1 1	Shin	last		DEGREE ATTENDING	MEDICAL STA	e c	22c. DATE	SIGNED
_		1 Dem	and 1	Juin	MI)	PHYSICIAN T	DIRECTOR PHYS		4/17	/83
		22d. PHÝSICIAN'S NAM			0		220 ADDRESS				
		B. O. Th					228 N. Mark		Frede.	rick, Ma	aryland
	23a. B	BURIAL, CREMATION, R (SPECIFY)	EMOVAL	236. DATE	23€ №	AME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	24 52	Burial	17 2 3	4/20/8	El .		Cemetery	Lisbon,	HOW	ard,	Maryland
	11/	MERALDIRECTOR			201 North			R 2 2 1983	John	26	heel
	RC	obert E. Da	iley &	SONT	Frederi	cK , M	a. 21/01	11 - 1000	V	0	-

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



requires that the death certificate be executed within 24 hours often TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fund should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be notified at

age 3

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	GIENE 8 3		0 6	2
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYP)	Belv	ra Louise	Joh	nson	April	25	1983	9:45p
3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
	Female	Caucasion	MONT 6	18 1913	69	YRS.	MONTHS DATS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	irginia	U.S.A.	WIDOW		Frederic	rk Co	untv	MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME		120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
F	rederick	Citizens Nu		Home	Meat Wra			ket
JUSU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		13e STREET ADDRESS			
	138. CO	derick Walkers			55 Main	Stre	et. 21	1793
	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME			
	John	MIDDLE LAST Seabo	o1+	Mandy	MIDDLE		May	
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECT		17 INFORMANT	. ADDR	ESS		
	yes no or unknown) (IF yes, o	224-05-	-3278	Phyllis Da	55 Main S whoff Wal	kers.	t, 217 ville,	Md.
	PART I. DEATH WAS CAUS	anly ane couse per line for (a), (b) or SED BY. ATE CAUSE (a)	ndic A	- mul	Denle)		70	204
	4140	DUE TO, OR AS A CONSEQU	ACPOF/	11			5	unt
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF					71/
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GI	VEN IN PART 1	o .
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	1	-	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	2) I LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		pital) ottended the deceased fram		. 19	, ta		19	that (I) (we) last
	sow the deceased alive o	nat view the body after death.	. 0	nd that in (my) (aur) opinion (death accurred on the d	ote and hou	or and from the	Lauses stated
	22b. SIGNATURE	1 -		DEGREE	/		me gary	SIGNED / 14
	GA	Call Do		ATTENDING PHYSICIAN	MEDICAL STA		41	0/18)
	22d PHYSICIAN STRAME (1994	OR Heur)		22e ADDRESS			- 1	(100
	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
7.	Burial			's Church Ce	T.adiesh	nira	Freder	state Md
24 FI	INERAL DIRECTOR				E REC'D. BY REGISTRAR			
G	Douglas Star	10 Fulton Awan affer, Walkersv	ue ille	NA.	AY 3 1983	John	2. Ca	well
U .	DOUGTUS DEAL	TTEL MATVETON.	TTTC	TIMOSTIPH		/	-	



MAYS SEE SYAM

Ľ	FOR STATE REGISTRAR ECEASED NAME FIRST	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N.	O. MONTH DAY YEAR	5 2 2
	PE OR PRINT)			N. DATE OF DEATH	83	26. HOUR
3. S	EX LOTTE I	1. RACE ZOWN	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER TYE.	AR IF UNDER 24 IRS
1	Fx Female	White	June 9 1905	77	YRS.	S HOURS MIN
To. 1	COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED NOVEL DIVORCED		ck County	9 A
11	Frederick	11. NAME OF HOSPITAL, NURSIN (IF NOTIN SUCH FACILITY, GIVE STREET. Frederick Mem	G HOME OR OTHER INSTITUTION ADDRESS) Orial Hospital	(TYPE OF WORK FOR MOST OF HOMEMA	ON 12b. KIND DE WORKING LIFE) INDUSTR	O OF BUSINESS C
[13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COURT Free		ADMISSION) N 136. INSIDE CITY LIMITS? OWN YES 24. NO	130. SIREET ADDRESS 12 Larc	h Lane	2175
14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE		LAST
4	Harry	E. Zearfoss	Lotti	.e	Richard	S
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 043-38-		J. Kupfer Jefferson	Berg, 389 Marylan	3 Shady d 2175
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	NCE OF DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	lia
CERTIFICATION	194 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	21c. HOW INJURY OCCURI	press		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	sow the deceased alive on above. It (we lidig) (did no	ital) ettended the deceased from	ond that in (my) (see) opinion	death accurred on the di		
	22b. SIGNATOR	Mun	DEGREE ATTENDING PHYSICIANU	MEDICAL STAI DIRECTOR PHYSIC	FF _ i4/	HI 13
	22d. PHYSICIAN'S NAME (TYPE	Alwin	198 Han	as Jehns	~ Av	
	Burial, CREMATION, REMOVAL		eformed Cemeter	y Middie	town Fred	erick N
24	Smith Keene vi 106 E. Church	& Basford ABLA 1 St. Frederic		R'2°7'1983"7	I GISTRAP SIGN	benery

Contained the contained of the contained THE STATE OF THE PARTY OF THE P plenkie ing I'il

requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physicia and 2 sha

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ch	12.39	1	13	1	43	26
g	3		U	0	La	
	DEC NO					

REGISTRAR						REG. N			
1. DECEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Mary	N	aomi	LEBHE	ERZ	April 14	, 1983	3	10P
3. SEX Female	130	* RACE White		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONINS DAYS	IF UNDER 24 HRS HOURS MIN.
Maryland	ORFOREIGN	76. CITIZEN OF	what country?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT		
Frederick	DEATH	(IE NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, ST SECOND	IG HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOST Homemak	OF WORKING &	12b. KIND C	F BUSINESS OF
USUAL RESIDENCE (#130. STATE Maryland	NILCOU	OTHER INSTITUTION. NTY lerick	GIVE RESIDENCE BEFORE 131. CITY OR TOW Frederi	N	13d. INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS 315 West	Seco	nd St.,	21701
14 FATHER'S NAME FIRST John		MIDDLE	Hersbli	erger	15. MOTHER'S MAIDEN NA	MIDDLE Kat	-		per
(YES, NO OR UNKNOWN		MED FORCES? VE WAR OR DATES) ONE	not avai		John W. Leb			econd St	
PART I. DEAT Conditions, if	IMMEDIA Ony, which	TE CAUSE (o)	RAS HONSEQUE	NCE OF 1	lestic !	Lent de	eun	5-7	eart
Conditions, if gave rise to cause (a), st underlying co	ony, which immediate tating the ause last.	DUE TO O	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPSY?	20b. IF YI	57	us t
Conditions, if a gove rise to couse (a), st underlying or part 2. OTHER: 19a DATE OF OPI 21a. ACCIDENT WAS OR CONTRIBUTING (FETHER NOTIFY WHILE NO.	ony, which immediate toting the ause lost. SIGNIFICANT ERATION SUNDERLYING CAUSE OF DE MEDICAL EXAMINE	DUE TO O CONDITIONS CO 19b. CO D ATH R) 21b. TIME O HOUR A. P. 21e. PLACE	DITRIBUTING TO DE LITTON FOR WHICH DAME, MONTH DAME,	OPERATIO	east are	200 AUTOPSY?	20b. IF YE IN CERT Y	ES, WERE FINDING CAUSES	us t

BP DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

Smith, Keeney and Basford Fuller:

250. DATE REC'D. BY REGISTRAR 25 PEGISTRAR'S SIGNATURE APR 201983 John J. Carried

	_ Augustania				520	
		6	,			
				b 0 4		
di yaki	25 801 2 -1					
tests	be a res cut	34 X			12 (20) 12.	
tropped Sliper 2012	Harris etc.		a casion			
	X			27		
2 10 12 3						
A HARMA						

T. , Polyackana, panchasta "E av No. 1. AFI SOBBLOG CLARK

ATTENDING PHYSICIAN: The low

O HOSPITAL OR

etoined by the hospital or attending physician.

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page 3 er death

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deoth. Page 4

ofter

STATE OF MARYLAND

8	1	Ω	6	2	
0	0	•	~	dies	
	REG. NO.				

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	o	• •	
	CEASED NAME	FIRST		AIDDLE	1	AST .	2a DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
1	A	WOM	THELM	4 Marie	4	09		7 2	9 85	3.17
. SEX	(4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
I	Female		Caucas	ion	7	7 1921	6			THE SALE OF THE SA
	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
	Maryland		U.S	.A.	WIDOWE		Frederi	ck Cou	unty	М
	TY OR TOWN OF DE	TH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O		126. KIND OF	BUSINESS O
I	rederic	2				artments	Housewif		Hon	ne
JSUA	AL RESIDENCE (IF NURS			GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Ma	arvland			Frederi		YES X NO	Apt.#3,H	illsid	de Apt	.2170
	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	-	LAST	
	Walter		WIDDLE	Freelan	id	Grace	Marie		Brew	er
	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	8731	SS 1+iz	more E	50
(4	VES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-78-	7482	Daniel Har	man Frede	rick,	Md. 217	oi
	18. CAUSE OF DEAT	H /Enter on	ly one couse per							ATE INTERVAL
	Conditions, if ony gove rise to improve (b), stofin underlying couse	nediote ig the	(b)_1	R AS A CONSEQUE	LER	STU CARPION WITH	escular DI	SEMSE		
NO	PART 2 OTHER SIG	VIFICANT (ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 110	
CERTIFICATION	19a DATE OF OPERA	TION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI YES	WERE FINDIN NG CAUSES (
	21a ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	AID -	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	216 INJURY OCCUR	THE []	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a.1 certify that (1) sow the decease above (1) (we) (4/	nd that in (my) (our) opinion	death accurred on the de	ote and hour o		hat (I) (we) la ouses stated
	226. SIGNATURE	len	rely	7.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F IAN [22c. DATE 5	D B

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 67

manne mip.

GILLEN

Church, Sparks, Baltimore, Mark 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 73h DATE 5/2/83 Bosley U.M. 1621 possumtown Pike UFFER, Frederick, Md. 21701

22e. ADDRESS

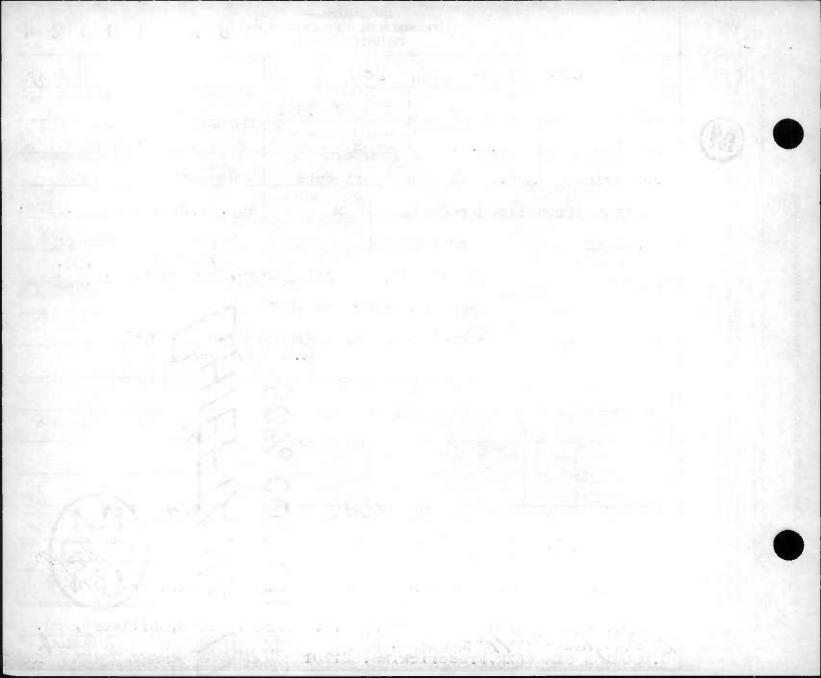
DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner frust be natifi-

injury, or other troumatic event, the medical exon

(VRA 15, 4)

BP.



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- Samuel	A

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) LUBEZNY MMN 5. DATE OF BIRTH 3. SEX (IN YEARS LAST BIRTHDAY) MONTH YEAR 1915 Caucasion 9 Female 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Illinois U.S.A. Frederick County WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Frederick Memorial Hospital Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13o. STATE 13b. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Frederick 1794 Stonehaven Lane, 21701 Frederick Maryland YES X NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Nikolak Stephen Panko Sophie ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) 1794 Stonehaven Steven Lubezny, Frederick, (IF YES, GIVE WAR OR DATES) Lane Md.21701 359-07-2306 Νo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) SEPSIS PART I. DEATH WAS CAUSED BY 10 DAYS IMMEDIATE CAUSE (o ā DUE TO, OR AS A CONSEQUENCE OF CELL CANCER OF LUNG SQUAMOUS Conditions, if any, which gove rise to immediate cause (a), stating otho underlying cause last. NUMOR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows YES Mental Hygier certificote 218. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN NOT WHILE JVL 220.1 certify that (1) (this hospital) attended the deceased fram 19 83 DIRECTOR: APRIL 30 sow the deceased alive on_ , and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATIME DEGREE

ATTENDING > MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MASSARO

homas

23o. BURIAL Burial

23c. NAME OF CEMETERY OR CREMATORY St. Nicholas Cem.

23d LOCATION CITY OR TOWN

Chicago, Cook, Illinois

DHMH-16 30M 2/80 (VRA 15, 4)

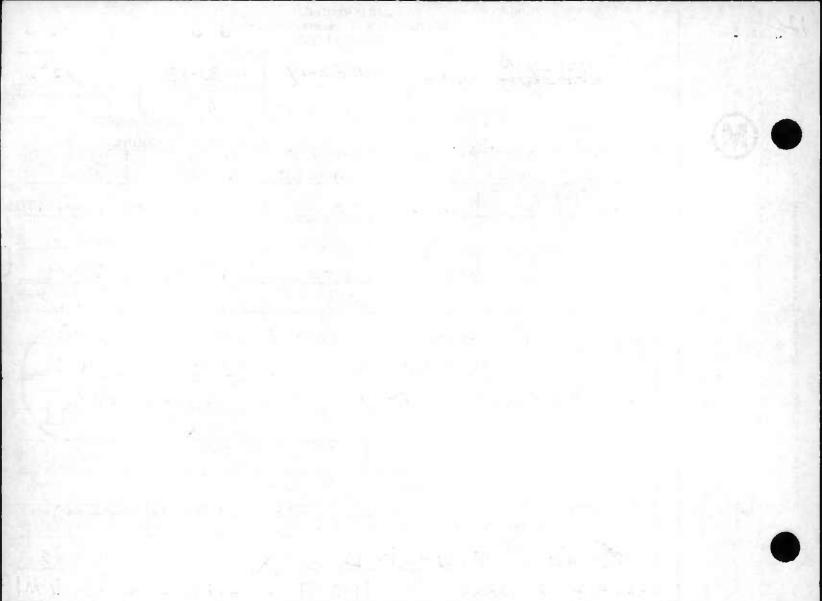
BP

should be with the MPORT

> Opossumtown Pike Stauffer, Frederick, Md. 21701

5/

250 DATE REC'D. BY REGISTRARIUS REGISTRARIOSIONATURE



uted within 24 hours of

DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		8	S REG. N	٧٥.		0	6	2	6
MIDDLE	LAST	Zo DA	TE OF D	FATH	MONTH	DAY	YEA	R	7h HOUE	2

1	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH		. NO.	100) Gen
	DECEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(1	SLAN	45 CLERENS	. 1	TARVS	Asil	25	1987	11:10
3. 5	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAS		IF UNGER 1 YEAR	1,
	Female	White	MONTH	ie 16, 1905	77		MONTHS DAYS	HOURS M
0 18	BIRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTS	2Y2 8.		9. BALTIMORE CIT	YR Y OR COU		
56	Maryland	U.S.A.	MARRIE	D NEVER MARRIED	Freder	_		
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUP	ATION	125. KIND (OF BUSINESS
FIA	Frederick	Frederick Me	morial	Hospita1	Home ma	st of working ker	G LIFE) INDUSTRY	me
US 130	O STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEI		13d INSIDE CITY LIMITS?	13e STREET ADDRE			
10	Maryland Fr	ederick Freder	ick	YES X NO	412 Wes	t Pat	rick St.	, 2170:
0/1	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	e	1.0	.51
9/		11iam Milya	rd	Minnie	Rosa1			Bieh1
160	. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 168. SOCIAL SE		17. INFORMANT		DRECC	3 Wyn Co	
/	(YES, NO OR UNKNOWN) (IF YES. C	None 219-20-	2589	Mrs. S. Clere	ne Crampt	on, _	o wan co	urt
=		anly ane cause per line far (a), (b),		1		H	rederick APPROX BETWEEN	CMATE INTERVAL
N		conditions contributing the conditions		c - during	AIN AL DISEASE OR C	ONDITION	GIVEN IN PART 1	la,
NO. TO STATE OF THE PARTY OF TH	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CE	YES, WERE FINDI	S OF DEATH?
	24 MARCH 83		UTCER	21c HOW INJURY OCCUR	YES NO		YES	№ □
	00.0001701017010 00.00		DAY YEAR	THE HOW INJURY OCCUR	LENTER NATURE OF	METI MI YNULMI	18 PART I OR PART 2}	
/ 3	(IF EITHER NOTIFY MEDICAL EXAMIN		19	The LOCATION				
7	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY	RIOWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK					-		
		spital) attended the deceased fra		trancet 19 83	, to	short-		that ye (we)
7	saw the deceased alive above, (1) (well (did) (and	nat) view the bady after death.	, al	nd that in (ny/) (aur) apinian	death occurred an th	e date and		
e e	226. SIGNATURE			DEGREE	MEDIC	7.00	22c. DATE	SIGNED
	(Sen. 1.	Contl 1	4.D.	ATTENDING PHYSICIAN	MEDICAL STATE OF THE	STAFF (SICIAN [251	Tril 83
1	22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS				1
5 /	Dr. George E	. Smith, Jr., M	.D.	804 Toll Hous	se Ave., F	reder:	ick, Md.	21701
23	BURIAL, CREMATION, REMOVA	AL 23b DATE 2	3c. NAME OF C	EMETERY OR CREMATORY vet Cemetery	23d. LOCATION		Frederic	
24	FUNERAL DIRECTOR	hard C.C. She	face	250. DAT	E REC'D. BY REGISTI	AR 2 PREC	SISTRAR'S GIGINA	JURE .
20		and Basford Fune	ral Hor		AY 2 1983	3/0	and la	mily
				21701				

DHMH - 16 50M 4/82 (VRA 15, 4)

AND THE RESERVE OF THE PARTY OF the control of the best of the control of the contr THE SEVERAL SERVICES. home 21 - - 25 m. . Hange morecon, go will , . . . the state of the second ,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and censhould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pager 1 is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND					-25	
TOF HEALTH AND MENTAL HYGIENE	8	3	0	0	2	
ERTIFICATE OF DEATH		REG. NO				

1 - STATE REGISTR	AR			ICATE OF DEATH	R	EG. NO.	0 0	lines
1. DECEASED N (TYPE OR PRINT)	Harry	1 CY	rus /	Martin	20. DATE OF DE	1/6	1983	HOUR
3. SEX	ale 1	RACE	5. DATE C		6	YRS.	ONTHS DAYS HO	JNDER 24
70. BIRTHPLACE	(STATE OR FOREIGN 7	CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE	DERIC	OF DEATH	0
ID. CITY OR TOV	VN OF DEATH I	1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY (IF NOT IN SUCH FACILITY	L, NURSING HOME	OR OTHER INSTITUTION	- Annal P	UPATION MOST OF WORKING LIFE)	12b. KIND OF BUINDUSTRY	JSINESS
JSUAL RESIDENT 130. STATE MARY 14. FATHER'S NA	CE (IF NURSING HOME OR O 13b, COUNT PAND FREI	THER INSTITUTION, GIVE RESILY ERICK T		13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N	130. STREET ADD		N ROI	170 7D
STE	WART	NORMAN	MARTIN	FANNI		ADDRESS	FAVOR	17
160, WAS DECE	ASED EVER IN U.S. ARM	WAR OR DATES)	CIAL SECURITY NO. 0-10-4946	A GENEVA /	MARTIN	THURP	AYMAI APPROXIMATI BETWEEN ONSE	MI
gave ri cause underlyi	ns, if any, which se to immediate (a), stating the ng cause last.	DUE TO, OR AS A C	CONSEQUENCE OF	NOT RELATED TO THE TEL	RMINAL DISEASO	R CONDITION GIVE	N IN PART 10	ev
210. ACCIO	OF OPERATION	19b. CONDITION FO	DR WHICH OPERATION	Julinon My AS PERFORMED	YES N		WERE FINDINGS ING CAUSES OF	
OR CONTR	ENT WAS UNDERLYING [] IBUTING [] CAUSE OF DEAT NOTIFY MEDICAL EXAMINER)	HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	RT I OR PART ?)	
UIF EITHER 21d. IN JU WHILE AT WORK	RY OCCURRED NOT WHILE AT WORK	210. PLACE OF INJU (AT HOME STREET, FACTO	ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CI	OR TOWN	COUNTY	STAT
sow	ify that (I) (the transition of the deceased alive and e, (I) (we) (did) (did at)	region the body after de	1903.0	nd that in (my) (ser) apinio	in death accurred or	the date and hour	and from the caus	(I) (
27b, SIGN	pan V	Chas	- m/	DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN [April	6/
He	nry V	Chas	e MDo	SO 4TOIL	touse,	Ave Fr	eder	ick
BUK	PA L	23b. DATE 4-9-8	3 BLUE	RIOGE CEN	1. THUR	MOST F	RED	N
DAILE	YS FUNER	AU Home	ADDRESS HUR	MONT, MD	PR 1 3 198	STRAR MY REGISTR	AR'S SIC	ugh

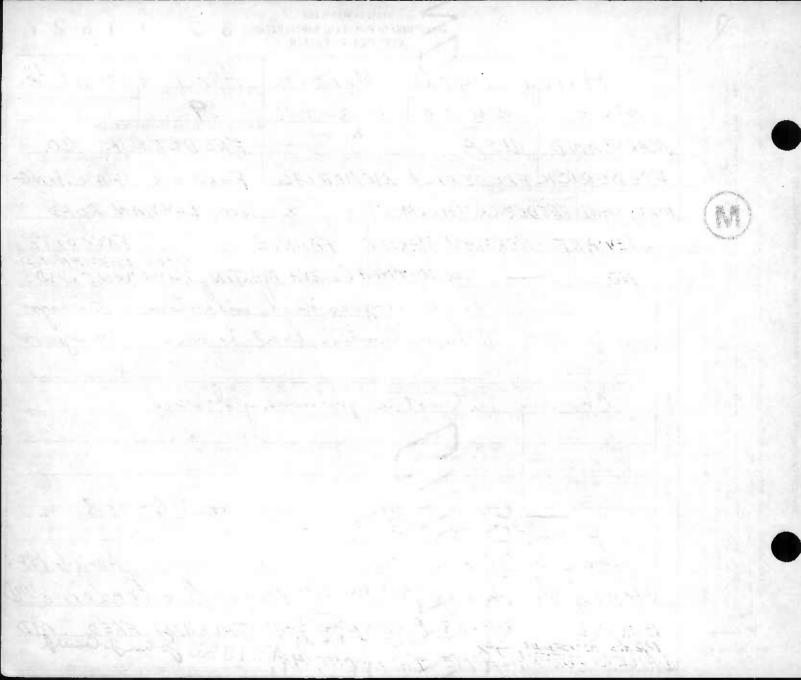
DHMH - 16 50M 4/82

BP.

retained by the haspital or attending physician.

(VRA 15, 4)

the Tuneral director, page 3 a min 72 hours after death



ATTENDING PHYSICIAN: The low

	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	SIENE 8	REG. NO.	4	0 6	5 2	8
		CEASED NAME	FIRST		Estell		LAST LA ROIDE	20 DATE OF	DEATH MONT	H DAY	YEAR	2b HC	UR O
C745.0°	3. SE	//x Female	////	4. RACE Wh	ite	5. DATE C	DF BIRTH 25, DAY 1909 YEAR	6 AGE (IN YE	ARS LAST BIRTHDAY	MOM	UNDER I YEAR		FR24 HRS
E		RTHPLACE (STATE OR COUNTRY)	FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED		erick (MD
4	I	TY OR TOWN OF DEA		Fred	erick Mem	orial	Hospital		CCUPATION FOR MOST OF WOR		126. KIND INDUSTRY Lun		
35	13a S	AL RESIDENCE (IF NURS STATE aryland	13b COUN Frede	TY	13c. CITY OR TOW Frederi	N.	13d. INSIDE CITY LIMITS?	13e. STREET A	DDRESS ect Pla	aza A	pt.,	2170	01
0/	14 FA	Edward	В	MIDDLE	Jones Sr	•	15 MOTHER'S MAIDEN NA Bessie		MIDDLE G.			one	
1	(WAS DECEASED EVER YES, NO OR UNKNOWN) O 18 CAUSE OF DEAT PART I. DEATH W	Not	NAR OR DATES)	220-16-0	608	Wilbur F. McB	ride, S	ADDRESS Pro	ospec reder	i ck	aza /	2170
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DEA								DN GIVEN	IN PART]	l (o	
2	CERTIFICATION	19a DATE OF OPERA	MU	19b. CONE		OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b.	IF YES, W CERTIFYIN YES [VERE FIND NG CAUSE	INGS US S OF DE	ATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE				AY YEAR	21c. HOW INJURY OCCUR	EM 18 PART	I OR PART 2)				
,	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET CITY OR TO			OWN COUNTY STATE			STATE	
		22a.1 certify that (1) saw the deceas above, (1) (we) (22b. SIGNATURE	ed alive on.	en	Manual 19 determined the deceased from 19 deceased from 1	7		MEDICAL _	on the date of				
I		22d PHYSICIAN'S N	HA A	LOBE	N		198 Han	as fe	huz	P	1		
	23a. E	BURIAL, CREMATION,	REMOVAL	April	4, 1983	Mt. O	EMETERY OR CREMATORY Livet Cemeter	y Frede		Fredé	rick	, Md	STATE

DHMH - 16 50M 4/B2

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be file, with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval.

(VRA 15, 4)

Smith, Keeney and Basford Funeral Home 106 East Church St., Frederick, Md. 21701

25/APR 80 BY REGISTRAR 1983

powerful transfer and the second transfer and the second A TANK A STANFARD OF THE STANF . District to strict . Colon LOUIS TO STREET THE STREET, A. . Francis, A. . the state of the s Mars Male 1/8

		FOR STATE REGISTRAR				ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO		0 6	2
4		CEASED NAME F	ranc	es É	loise	New	man wman	April	6 198	YEAR 3	26 HOUR 5:31
	3. SEX	(4	. RACE		S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY] IF U	NDER I YEAR	HOURS
		emale		Caucas		5	1 1920	62			
1		RTHPLACE (STATE OR FORE	EIGN 7	CITIZEN OF W	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1	-	ntucky		U.S.A		WIDOWE		Frederic			
1	10 CI	TY OR TOWN OF DEATH	1		OSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND C INDUSTRY	F BUSINES
9	Er	ederick					1 Hospital	Housewife		Dome	estic
9	13a. S		L COUNT	Y	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Frederi	1	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 224 Wynga	te Dri	ve.	2170
		THER'S NAME				-	IS. MOTHER'S MAIDEN NA	ME			
		Judia		illip	Gi11		Leona	WIDDIE		Hov	
		Yes II CAUSE OF DEATH II PART I DEATH WAS Conditions, if any, we gave rise to immediate course (a), stating	Enter only CAUSED	WAR OR DATES) I I one couse per l BY:	Full	4806	Augustus M Many d Many Fa Ching	224 Wyn Wewman, Fr West West Lucar	igate I		uu vel
1	CERTIFICATION	PART 2. OTHER SIGNIF					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDI	VGS USED
1	MEDICAL CERT	218, ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE AT WORK NOTIFY WORK	ISE OF DEAT EXAMINER)	P.N 21e. PLACE O	a. Month Da a.	19	211 LOCATION STREET			COUNTY	ST
ORTANT: If Hem 21 is mo		22a.1 certify that (1) (the sow the deceased above. If the faid		(9 10 / 1		(3). on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the de	FF _	od from the	1

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR G.Douglas Stauffer, Frederick, Md. 21701

73h DATE 4/7/83

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

Smithsburg, Washington, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

234 NAME OF CEMETERY OR CREMATORY

Smithsburg Crem.

Car Jan Stranding Strand

/	3

within 24 hours ofter deoth. Page 4 may be

executed

requires that the deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physici completely filled in by the fune s I and 2 should be filed within

corban papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

ond

injury, or other traumatic event, the medical

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

REGISTRAR				CERTIF	ICAIL OF DEATH		REC	9. NO.		
1. DECEASED NAME	FIRST		MIDDLE	· ·	AST	20. D.	ATE OF DEAT		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Isab	el.	R.	N	USZ	I	April	19,	1983	pom
3. SEX		4 RACE		5. DATE C			E (IN YEARS LA	T BIRTHDAY)	IF UNDER 1 YEA	
Female		Whi	te	Sep		94	88	YR	MONTHS DAY	S HOURS MIN.
70. BIRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BA	LTIMORE CIT	Y OR COU	NTY OF DEATH	
Marvlan	h	IT S	Ξ Δ -	WIDOWE			rede	rick	County	• MD
10. CITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION		SUAL OCCU			OF BUSINESS OR
Frederi	a le		CH FACILITY, GIVE STREET		l Hospita		OF WORK FOR M	ost of working		ξY
USUAL RESIDENCE (#					T HOSPICE	11	nous	SMITTE		11 1171 11
Maryland	13b. COU		13c CITY OR TOW Freder	VN _	13d. INSIDE CITY LIMI YES 🍱 NO 🗆] (TREE ADDRESS TO	ss	Avenue	21101
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NNAME	MIDD			LAST
John		C.	Roderuc	ek	Ame	anda	MIDU	i.e	Fo	
160. WAS DECEASED E			166. SOCIAL SECU		17 INFORMANT			DDRESS		
(YES, NO OR UNKNOW)	(IF YES, GI	VE WAR OR DATES)	220-26-	-5220	Mr. Hard	old W	Horn	nan, J	r. 616	Trail
	EATH (C-1		r line for (o), (b), on		LAVE, AL	ener	ICK,	MELY VI	APPR	OXIMATE INTERVAL EN ONSET AND DEATH
PART I. DE AT	H WAS CAUSI	D BY:	\$.	100	vachnoi	1 14	COLLEN	who	BETWEE	N ONSET AND DEATH
430	O IMMEDIA	TE CAUSE (o)		V 43 CV	N OCCUPATION	6 64	0000	0 0 0000	M	
100		DUE TO, C	R AS A CONSEQUI	ENCE OF					-	
Conditions, if gove rise to		(p)_								
couse (o), s		DUE TO, O	R AS A CONSEQU	ENCE OF						
andertying C	0036 1031.	((c)_								
	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL	ISEASE OR C	ONDITION	GIVEN IN PART	1(0
19a. DATE OF OP										
M 19a. DATE OF OP	ERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?		YES, WERE FINE RTIFYING CAUS	
#						YE	S NO	5	YES 🗌	NO 🗌
21a. ACCIDENT WA		21b. TIME C	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW INJURY O	CCURRED (E	NTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART 2	1
OR CONTRIBUTING		AIR	.M.	19						
(IF EITHER, NOTIFY 21d, INJURY OC	CURRED		OF INJURY		21f. LOCATION		CITY	ORTOWN	COUNTY	STATE
ANHITE N	T WORK	TAT HOME, ST	REET, FACTORY, OFFICE, F	FARM, ETC.)	378661			,		
220.1 certify the	ot (I) (this hosp	ital) attended th	ne deceased from_		. 19	76 10		-119	. 19. 3 5	_, that (I) (we) last
sow the de	ceosed olive or		Q Y 3 19	, 01	nd that in (my) (our) op	inion death o	occurred on th	ne date and	hour and from t	he couses stated
22b. SIGNA LE	ve) (aia) (aia ni	ot) view the body	offer death.		DEGREE				22c. DA	TE SIGNED
	120	1-0,5	21.	2	ATTENDI	NG MEI	DICAL DIV	STAFF	4	11183
22d. PHYSICIAN	S NAME (TYPE	OR PRINT)	0 1	1/-	22e ADDRESS	AN DIRE	CTOK PH	I SICIAN [
			o, M.D.			House	Λ Λ	77	ad Ma	21703
					814 Tol:			· · · · ·	eu. Ma	· CTIOO
230 BURIAL, CREMATI	ON, REMOVAL	. NZ36. DATE	73c. 1	NAME OF C	EMETERY OR CREMAT	ORY 236	LOCATION			

DHMH - 16 50M 4/82

(VRA 15, 4)

BP.

Burial Smirth 106 E. Ke Basford Pages Fun St. Frederick church Funera

23c. NAME OF CEMETERY OR CREMATORY .983 Mt. Olivet Cem.

133d LOCATION
CITY OR TOWN
Frederick

Md. Frederick

REGISTRAR'S SIGNATURE 25e. DATE REC'D

GCC , E10494 evi entre Salendar. Across Ac Chart of an aller of a local and a second of the second of . and it is the contract of th TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the hospital ar attending physician.

	1		FOR STATE REGISTRAR
_	_	-	

executed within 24 haurs after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.3		0	6	2009	1
3	1	U	0	3	- 1

	1000	REGISTRAR				4-111	ICATE OF DEATH	REG. N	O.		
		EASED NAME	FIRST	W. E	MIDDLE	i	AST		MONTH DA	AY YEAR	2b. HOUR
	(TYPE	OR PRINT)	John	J	ames	OTT	0	April 30,	1983		6:00a
1	3. SEX			4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	гноач)	ONTHS DAYS	IF UNDER 24 H
0		Male	3319	White		Nove	mber 6,1933	49	YRS.	ONINS DATS	HOURS MI
1		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
1)		Maryland		USA		WIDOWE	D DNORCED	Frederick		4/	
oc.		rontown of de Churmont	ATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET A Kelbau	ADDRESS)	OR OTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Estimator	F WORKING LIFE		er
35	13a. S	L RESIDENCE (IF NUI TATE Caryland	136 COUN	other institution TY erick	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Thurmont	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 16162A Kel	baugh	Rd. 2	1788
00		THER'S NAME FIRST	E	MIDDLE	Otto,	Sr.	15. MOTHER'S MAIDEN NAME FIRST Lamora			11enba	ugh
3	16a. W	(AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR	ESS Md.		
1	(4	Yes	(IF YES, GIVE	WAR OR DATES	215-38-9	335	Eileen Otto,	16162A Kelb	augh R	d. Thu	rmont,
		18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for (0), (b), one	d (ci.i	,			APPROX	MATE INTERVAL
2	CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
	F										OF DEATH?
		21a ACCIDENT WAS U	NDERLYING T	7 216 TIME C	F INTURY		71c HOW INJURY OCCUR	YES NO TO NO TO NOTE OF IN III	YES		
9		210. ACCIDENT WAS UT	CAUSE OF DE	HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURI		YES		OF DEATH?
9			CAUSE OF DEA	HOUR A.	M. MONTH DA M. OFINJURY	19	21f. LOCATION	RED (ENTER NATURE OF INJU	YES	RT I OR PART 2)	NO [
O V	MEDICAL CE	OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	19			YES		NO [
C1 13 MOTREO OF REM 10		OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUI WHILE NOT AT WORK AT W	CAUSE OF DEA CAL EXAMINER) RRED WHILE VORK	HOUR A. P. 21e PLACE IAT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC.)	21f. LOCATION	CITY OR TO	YES RY IN ITEM 18, PA	COUNTY	STATE
VI: If item 21 Is marked or item 10	MEDICAL	OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d. IN JURY OCCUI WHILE NOTIFY TOWNER AT WE 22d. I certify that (50w the deceo above (1) we) 22b. SIGNATURE	CAUSE OF DEA	HOUR A. P. 21e PLACE IAT HOME, ST tol) oftended th	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC.)	21f. LOCATION STREET , 19 and that in (our) opinion DEGREE ATTENDING PHYSICIAN 5	CITY OR TO	VES	COUNTY 9 3 3, ond from the	STATE that (1)(we) couses state SIGNED
POKIANI: If item 21 is marked or item 10	MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUI WHILE NOT AT W 220. I certify that Sow the deceo above 11 Ave) 27b. SIGNATURE 27d. PHYSICIAN'S F	CAUSE OF DEALERAMINER) RRED WHITE (CONTROLL) WHITE (CONTR	HOUR A. P. 21e PLACE [AT HOME, ST tol) oftended the	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F. De deceosed from ofter deoth.	19 ARM, ETC.)	21f. LOCATION STREET 19 and that in (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	CITY OR TO CITY OR TO to depth occurred on the d MEDICAL STA DIRECTOR PHYSIC	YES RY IN ITEM 18, PA WN ote ond hour	COUNTY 9 8 3, ond from the 22c. DATE	STATE that (I) (we) couses state SIGNED pr. 83
IMPORIANI: If them 21 is marked at item 18	WEDICAL WEDICAL	OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. IN JURY OCCUI WHILE ATWORK ATWORK 220. I certify that sow the deceo above (1) Awe) 22b. SIGNATURE 22d. PHYSICIAN'S F George URIAL, CREMATION	CAUSE OF DEALEXAMINER) RRED WHILE White in the control of the	HOUR A. P. 21e PLACE [AT HOME, ST tol) oftended the body PRENINT)	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F. De deceosed from ofter deoth.	19 ARM, ETC.)	21f. LOCATION STREET 19 and that in (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	CITY OR TO CITY OR TO to depth occurred on the d MEDICAL STA DIRECTOR PHYSIC PARTICLE PHYSIC Table 1000 ATION	YES RY IN ITEM 18, PA WN Oote ond hour FF CIAN Ourg, M	county 9 8 3, ond from the 22c DATE 30 A	STATE that ((we) couses stated SIGNED .pr. 83
IMPORTANT: If Item 21 is marked at Item 18	WEDICAL WEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUI WHILE NOT AT WORK AT WORK 220. I certify that Sow the deceo above (I) Ave) 27b. SIGNATURE 27d. PHYSICIAN'S F	CAUSE OF DEALERAMINER) RRED WHILE (this hospi ssed olive on (did) (did no	HOUR A. P. 21e PLACE [AT HOME, ST tol) oftended the body PRENINT)	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, FACTORY, O	19 ARM, ETC.)	21f. LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (1) 27e. ADDRESS S. Seton A	city or to to MEDICAL STA DIRECTOR PHYSIC	YES RY IN ITEM 18, PA WN Oote ond hour FF CIAN Ourg, M	county 9 8 3, ond from the 22c DATE 30 A	state that @(we) couses statec SIGNED pr. 83
IMPORTANT: If them 21 is marked ar iftem 18	23a. B (3	OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. IN JURY OCCUI WHILE NOT AT W 22a. I certify that sow the decee above (1) Ave) 22b. SIGNATURE 22d. PHYSICIAN'S F GEOTGE	CAUSE OF DEALER CAUSE OF DEALE CAUSE OF DEALER CAUSE OF DEALER CAUSE OF DEALER CAUSE OF DEALER	THE HOUR A. P. 21e PLACE IAT HOME, ST tol) oftended the hody The print is a second of the hody RPRINT in the hody 23b. DATE 3 May	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from ofter deoth. The deceosed from 23.1. R. M. D. 23.1. St	ARM, ETC.) OIL NAME OF C	21f. LOCATION STREET 19 21 nd that in (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS S. Seton A EMETERY OR CREMATORY Chony S 25a. DAL	CITY OR TO CITY OR TO to depth occurred on the d MEDICAL STA DIRECTOR PHYSIC PARTICLE PHYSIC Table 1000 ATION	YES RY IN ITEM 18, PA WN OTE OND HOUR FF CIAN TRY, Fr	COUNTY 9 8 3 , ond from the 27c DATE 30 A 1d. 217	state thot ()(we) couses stotec SIGNED pr. 83

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

		STATE 4-21	-83 c	Phone	DEFARI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		106	3 2
e + 3		CEASED NAME FOR PRINT)	LENA		GANT		FEIFER	20. DATE OF DEATH April	nonth	1983	26. HOUR 10:45
you god	3. SE	X	223111	4. RACE	011112	5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	
ge 4 m		Female		Cauca	asian		b. 20, 1887	96	YRS		HOURS M
eoth. Po		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN O	F WHAT COUNTRY	8. MARRIE WIDOWE	D NEVER MARRIED DIORCED	9. BALTIMORE CITY OF	_		
s ofter d		ity or town of di Braddock i					ent Home	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		12b. KIND INDUSTRY	OF BUSINESS None
24 hour filled in the ould be filled in the	130.	AL RESIDENCE (IF NO STATE Maryland	13b, COUL	other institutio	N. GIVE RESIDENCE BEFO	RE ADMISSION)	134. INSIDE CITY LIMITS?	13 SIREEL ADDRESS 601 AONE 1	fers	on Blvd	217
a within appletely and 2 sh	1	THER'S NAME	Ells	worth	Gant		15. MOTHER'S MAIDEN NA FIRST Medora	ME Christi	ne	Everha	rt
on and con Poges 1 ((WAS DECEASED EVE YES, NO OR UNKNOWN) NO		MED FORCES? (E WAR OR DATES)	166 SOCIAL SEC 214-10-		Mrs. Helen G	ROMOR	420	Jefferso	on Pike 3. 2175 XMATE INTERVAL YONSET AND DEA
s that the death cer dd by the attending slease remove carbo rial, cremotion, ar re or other traumatic e		Conditions, if an gave rise to in cause (a), statunderlying cause	y, which nmediate ling the se last.	(b)_ DUE TO, (c)_	OR AS A CONSEQU	My JENCE OF	e condict	Infor	eter	5184	ne pres
he law require ion. has been sign it permit. Then given prior by lene prior to by	CERTIFICATION	PART 2. OTHER SIG	Se	resol	O (P.V)	P	NOT RELATED TO THE TERM . N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES	INGS USED S OF DEATH?
g physic g physic certificate riol-trans ental Hyg		210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH [P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM I	8 PART I OR PART 2)	
offendir offendir ter this s the bu h and M	MEDICAL	21d: INJURY OCCU	WHILE		E OF INJURY STREET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TTENDIN pital or TOR: Af for use o of Health		22a.1 certify that (saw the decea abave, (1) (we)		educa.	milden /		nd that in (my) (our) opinion	death occurred on the d	late and h	. 19 4.3 laur and from the	that (I) (we)
ALOR A the hos ALDIREC etoched te Dept. : If them		226. SIGNATURE	Join Taig up	37.0	* A C		DEGREE M.D. ATTENDING PHYSICIAN F	MEDICAL STA		11 11 300	E SIGNED -1983
HOSPITA Sined by FUNERA Sould be de th the Stot		22d PHYSICIAN'S P A. Talbot					220. ADDRESS 3809 Jeffer			erson,	F-J
O sh O sh M	220	RUPIAL CREMATION	I DEALOWAL	Ten Date	122.	NAME OF C	EMETERY OR CREMATORY	Total LOCATION			

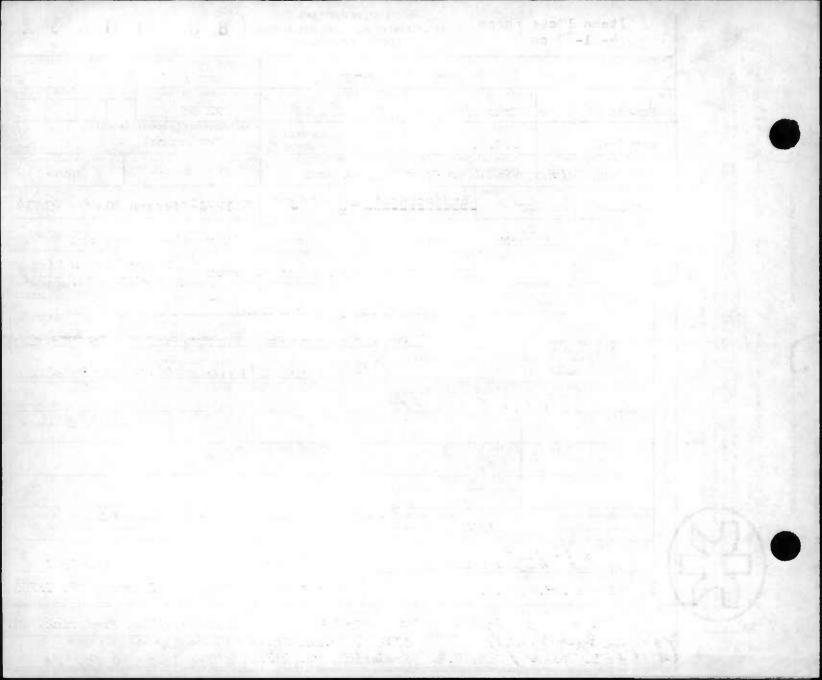
276 SIGNATURE Brice	DEGREE M.D. ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-1-1983
22d PHYSIČIAN'S NAME (TYPE OR PRINT) A. Talbott Brice, M.D.	220. ADDRESS 3809 Jeffers	on Pike Jeffer	cson, Md. 21755
	3. NAME OF CEMETERY OR CREMATORY Union Cemetery		Frederick, Md
Robert E. Dailey & Son, P.A.	1201 N. Market 18 to 15 Frederick, Md. 47 R.		AR'S SIGNATURE

STATE OF MARYLAND

2b. HOUR 10:45 pm

21714

that (I) (we) last



6	

CTATE OF MADVIAND

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	NO.	0 6	3 3	}
		CEASED NAME BERST		Kirk	Pici	Kett	20. DATE OF DEATH	MONTH DA	183	26. HOUR 7:40AN	4
	3. SEX	Female	4. RACE Whit	e	Jun	DAY YEAR	6. AGE (IN YEARS LAST	MC	UNDER I YEAR ONTHS DAYS 9 18	HOURS MIN.	_
	0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY Freder	OR COUNTY	P DEATH	MD	· ·
		rederick	11. NAME OF P	HOSPITAL, NURSING HEACHTY, GIVE STREET A LCK MEM	DORESSI Oria	or other institution 1 Hospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Seams t	T OF WORKING LIFE)		BUSINESS OR	
-	13a. S	1,000	POR OTHER INSTITUTION. DUNTY arroll	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN WOOD DIN	1	13d. INSIDE CITY LIMITS? YES NO 🛣	134. STREET ADDRES 5435 WO	s odbine	Rd. (2	21797)	
6	14. FA	ther's name Henry	WIDDLE	Reter		Ethel	ME MIDDLE	У	Kin	rk	
2		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	213-24-		Kenneth E.		, Same	As #1	13	
		18 CAUSE OF DEATH LEnter PART I. DEATH WAS CAU 2 500 IMMED	JSED BY: HATE CAUSE (a)	fulm	ona.	y Embolu	25		BETWEEN OF	MATE INTERVAL NSET AND DEATH	_
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE							
	TION	Mizk	notes me	1/1/vs		NOT RELATED TO THE TERM					
	CERTIFICATION	19a, DATE OF OPERATION	9.7		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	TN CERTIFY			
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T 1 OR PART 2)		
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, FA	RM. ETC)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
		22a. I certify that (1) This has sow the deceased alive abave, (1) (we) (did) (did	on H	1/2 108	3	nd that in (my) (our) apinian	death occurred an he	date and hour o		hat (1) we) lost auses stated	
		276. SIGNATURE	noty	1nh	×	DEGREE ATTENDING PHYSICIAN	MEDICAL SI	AFF SICIAN []	4 /13	3/43	

Burial, CREMATION, REMOVAL (SPECIFY) Burial 123b. DATE 4-16-1983

230 NAME OF CEMETERY OR CREMATORY Bethel Cemetery

22e. ADDRESS

23d. LOCATION Winfield, Carroll, Md.

Charles W.Burrier, Jr., Sykesville, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The

AND A TENTON OF THE PROPERTY OF THE PARTY OF Tana anentones latique labrones volvabar - sorre ve resviged Carroll "Scribben inc. ex. 507 condition to (21702) Lert with the gray the figures, which is the same of the same Oberlen hannen en regeneration de la company de la company

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			oti Akti	CERTIF	ICATE OF DEATH	F F	REG. NO.	, 0	
Ì		CEASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
1			LSON	DON	OVAN	REIFS	SNIDER, SR.	April .	13, 1983	3	11:39AM
ľ	3. SEX			4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
ı		Male		Caucas	ian	June	e 26, 1917	65	YRS	5.	
0		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	DEN NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
4		Maryland		US	A	WIDOWE	_	Frede	rick.		MD.
1	10. ⊂IT	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCC			OF BUSINESS OR
4		Frederick			s Nursin		e	Ret/ G		1112) 114003111	1170
1	USUA 130. S	L RESIDENCE (IF NURSI	NG HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADD	DESS		
		ryland		derick	Frederi		YES X NO		osemont	Avenue	21701
1	14. FA	THER'S NAME			1177		15. MOTHER'S MAIDEN NA			_ 11	
ı		Nelson	Hol.	linger	Reifsni	der	Nina FIRST	Caroly	n	Knott	AST
1		AS DECEASED EVER	N U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS 170		ont Ave.
١		E5. NO OR UNKNOWN)		WAR OR DATES)	214-10-	2595	Mrs. Mary Al.			Frederi	
1		18 CAUSE OF DEATH	(Enter ou	ly one cause per	line for (p), (b), pp	d (c).)		4		APPRO: BETWEEN	XIMATE INTERVAL
1		PART I. DEATH W.	AS CAUSE	D BY: TE CAUSE (a)	Urchel	cas	color acci	land		4 1 1 1	
		4415	JAMEDIA		DAS A CONICEOU	ENICE-OF	, ,		-		
1		Conditions, if any,	which	DUE TO, O	R AS A CONSEOU	al a	Mentis				
1		gove rise to imm	rediate) (0)_							
4		underlying couse		DUE TO, O	r as a conseou	ENCE OF					
	2	PART 2. OTHER SIGN	IIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINALDISEASE O	R CONDITION C	GIVEN IN PART 1	10
	NO	hinist	A 044	r Mille		Blackd	in Tenilo	of atre	rely		
À	CERTIFICATION	190 DATE OF OPERAT	ION			OPERATIO	N WAS PERFORMED	200 AUTOP		YES, WERE FIND	
-	TE	N	7		MA			YES N		TIFYING CAUSE	NO [
1	SE	210. ACCIDENT WAS UND					21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART I OR PART 2)	
		OR CONTRIBUTING C		a.(0)	M. MONTH D	AY YEAR	M				
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		21f. LOCATION		ITY OR TOWN	COUNTY	STATE
	Z	WHILE NOT WH	ILE [(AT HOME, STE	REET, FACTORY, OFFICE,	FARM ETC)	SINEEL		11 Ok 10 WA		3177
		220.1 certify that (I)		ital) attended #h	e deceosed from_	100	nr 6 19 8	3, to 011	24/14	19 83	, that (I) (we) last
		sow the decease	d alive or	Gord	19_	8200	nd that in (my) (aar) opinion	death occurred a	n the date and h	nour and from the	e causes stated
		above, (1) (we) (d 22b. SIGNATUIS	ia) (a ra n a	of view#the body	offer deoff.		DEGREE			22c. DAT	E SIGNED
		1	Mu	nlin-			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	41	14183
		22d. PHYSICIAN'S NA	ME (TYPE	OR PRINT!		100	228 ADDRESS	_ DINIECTON _	THIO CLAIR		21701
		Tloud B	r Ha	lvorson	MD		Amber Meado	ws Prof	Blda I	Frederic	
	230 B	URIAL, CREMATION,				NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		rederic	A, Hu.
11		SPECIFY)	NEMO TAL		Sty		vet Cemeteru	CITY OR T	NWOI	COUNTY TO TO TO	STATE
	1410	Burgial	22,0	4/16/8				TE REC'D. BY REG		rederick	
	Rol	bert E. Da		Son	1201 NADDRESS		L DL.	R 1 0 108	3 Sal	- A	abself
	Fur	neral Home	S.P.	X	Frederic	K, MO	. 21/01 AL	11 19 100	130		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

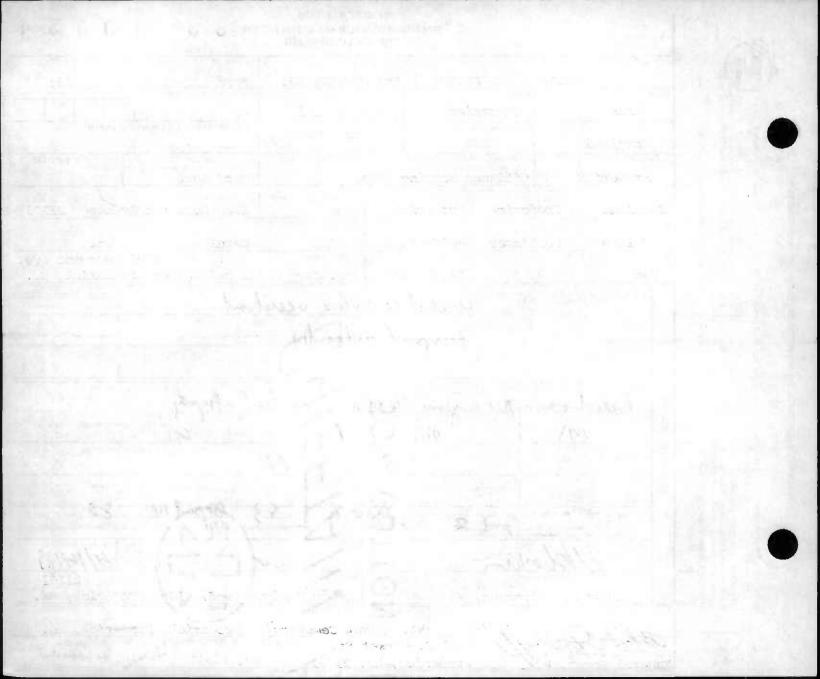
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

with the State Dept. or recurrence.

MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical exemptons of the medical exemptons.

requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physician.



	1	for, parer orter dilo	
0	deoth. Poge	unerol direc	al Color
102120NA	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, pares should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 hours after the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	IMPORTANT: If them 21 is marked or tem 18 shows ony injury, or other troumatic event, the medical examiner must be marked and teacher.
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTLAND 21201	e executed within	Pages 1 and 2 sh	medical examine
ION SI., BALII	ath certificate be	ending physicion corbonpopers. n, or remaval.	matic event, the
, zui w. PRES	ires that the dec	TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove corban poper with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval.	ry, or other trou
II AL KECOKUS	: The low requi	ate hos been signification of the property of the prior to the prior t	shaws ony injur
NO NO SIAIS	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or attending physicion.	fter this certificates the buriol-tra	arked or Item 18
	L OR ATTENDIR	DIRECTOR: Altached for use of Dept. of Healt	If Hem 21 is mo
	TO HOSPITAL	should be del	IMPORTANT

STATE OF MARYLAND 1 - FOR STATE REGISTRAR

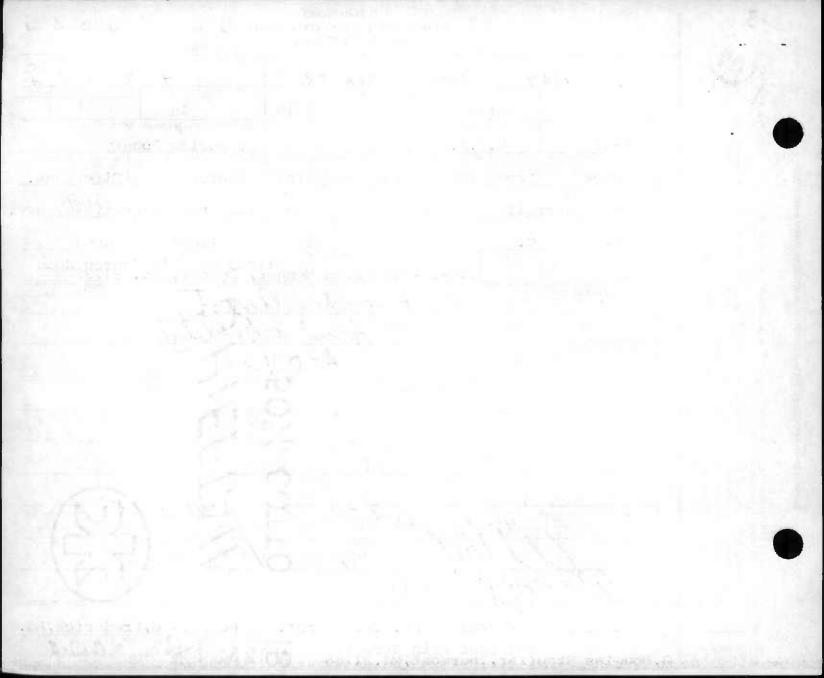
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 REG. NO

	CEASED NAME OR PRINT)	FIRST		MIDDLE	i	AST		2a. DATE OF DE	EATH MONTH	DAY	YEAR	26 HOL	JR 25
		130	4	JAMES	- /	ENNER			4	19	83	7	AM
3. SE			4. RACE		5. DATE C		YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS	R 1 YEAR	IF UNDER	MIN.
1	Male		Whit		2	5 19	915		68 YRS				
	IRTHPLACE STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARK	RIED 🗍	9. BALTIMORE	CITY OR COUN	TY OF DE	ATH		
	aryland			5.A.	WIDOWE	DIVOR	CED 🗆	Frede	rick Cr	unt	У		MD.
10. CI	ITY OR TOWN OF DEA	АТН		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUT	ION	12a. USUAL OC	CUPATION OR MOST OF WORKING		KIND O	BUSIN	ESS OR
100	rederick			cick Men		1 Hospi	tal	Labor			ire	Mar	ıu.
USU/ 13a S	AL RESIDENCE (IF NURS	N3 COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE		134 INSIDECITY L	IMITS?	13e. STREET ADI	DRESS		217	57	
Ma:	ryland	Carr	011	Keymar			Dk.		rancis	Sco	ÉÉ i	Key	Hwy
14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAA	۸E	AIDDLE		LAST		
	David		C.	Renne	r	Effic	9		inor	1	WOO	-	
	VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	1		ADDRESS	01	1-	70	7
	No	THE 123, GIV	WAR OR DATES)	214-28-	2469	John Re	enne	1003 H	augh's Mo	l. 2	172	Roa	3Q
	18 CAUSE OF DEAT	H (Enter on	y one cause per	line for (a), (b), and	d (9)	-	/	7 -	+	В	APPROXI	NATE INTER	DEATH
	PART I. DEATH W		D BY: E CAUSE (a)		Reo	pualon	2 (1	Mes	1				
	429.	2	DUE TO, O	R AS A CONSEQUE	NCE OF	11, 1	11	1.11	1				
	Conditions, if ony,		(b)_			HIMW	Fr	mul	alun				
	gove rise to imm		DUE TO O	r as a conseque	NCF OF	1-	~ 11						
	underlying couse	lost.	(c)_			TTS	CV	7					17.5
2	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE O	R CONDITION G	IVEN IN S	PART 110	1	
OL													
CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPS		ES, WERE			
RTIF								YES 🔀 N		YES 🗌	NO 020	NO D	
	OR CONTRIBUTING	_	21b. TIME C	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTERNATURE	E OF INJURY IN ITEM 18	PART I OR	PART 2)		
CAL	(IF EITHER NOTIFY MEDI		in .	M.	19		25						
MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	211 LOCATION STREET		-	III DETOWN	co	UNIY	9	STATE
~	AT WORK NOT WH	RK					50		1/	- 6	-7	36	
	27s I certify that (I)				61 V	(HA) 19	03	10	4/19	190		hot (I) (,
	sgw the decease above, (1) (we) (a	ed alive as, fid) (did sa	view the body	afterdonoth.	, or	nd that in (my) (our)	opinion d	eath occurred o	n the date and he	our and fr	om the c	ouses st	sted
	276 SIGNATURE	/	///	MVX		DEGREE	10010	Louis	07.455	22	c. DATE S	IGNED	
		11	IN				ICIAN	DIRECTOR	STAFF PHYSICIAN				
	226 PHYSICIAN'S N	ME CHAT	P201	200	0	226. ADDRESS				V.I.	1.3		
	W	7/	MA	- M	V								
	BURIAL, CREMATION,	REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREM	ATORY	23d. LOCATIC					
	Buria	al	4/22/	/83 M	t. T	abor Cer	nt.		yRidge,	Free		lck,	Md.
24 FL	UNERAL DIRECTOR		104 Fa	st Madin	Str	eet	25a. DATE	REC'D. BY REG	ISTRAR EST REGIS	STRAR'S	IGNATU	JRE	,
G.	.Douglas	Stau	ffer, T	hurmont	, Md.	21788	APF	7 2 6 198	33. 10 14	دان	Can	with	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



F.	FOR 1 - STATE REGISTI
	1 DECEASED A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			7
3	3	063	6

REGISTRAR		CERTI	FICALE OF DEATH		REG. NO.		
1. DECEASED NAME FIRST	MIDDLE		LAST	20 DATE O	OF DEATH MONTH	DAY YEAR	26 HOUR
Eth	el May	· Ri	ppeon		April 16	5 1983	2.300
1. SEX	4 RACE	5. DATE	OF BIRTH	6 AGE IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
/ Female	Caucasio	n 11		33	49 yr	MONTHS DAYS	HOURS MIN.
BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIM	ORE CITY OR COU		
Maryland	U.S.		ED X NEVER MARRIED		derick (County	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER INSTITUTION	V 12a USUA	LOCCUPATION	126. KIND	OF BUSINESS OF
Frederick		TY, GIVE STREET ADDRESS)	ines Lane		ork for most of workii emaker		estic
JOUAL RESIDENCE (IF NURSING HOA	LE OR OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)		11011	emaker	DOM	1/10
		ederick	13d. INSIDE CITY LIMIT		T ADDRESS	wing D	4/10
MATYLANG FI	edelick [fl	edelick	YES NOTHER'S MAIDE		3 Whispe	ering P.	ines La
PMM	WIDDLE	LAST	FIRST		MIDDLE	LA.	
RODERT. 160. WAS DECEASED EVER IN U.S.		iltner	Blanch	ne	. ADDRESS	King	3
(YES, NO OR UNKNOWN) (IF YES	GOVE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	5013 Wh	isperinc	y Pines	Lane
No	[21	7-28-6718	James Ri	ippeon,	Freder		
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	UCED DV			_		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
	DIATE CAUSE (a)	erminal	METASTAT	n Bre	AST CA	ette 1	1975
1749	2015 70 00 10 1	CONTRACTOR					
Country of the same		CONSEQUENCE OF				- 100	
Canditians, if any, which gave rise to immediate							
couse (o), stoting the		CONSEQUENCE OF					
underlying cause lost	. ((6)						
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRI	LITING TO DEATH BUT	NOT BELATED TO THE	TERMINIAL DICEA	CE OR CONDITION	CNEST BURNET	
	TI CONDINOIS CONTRI	BOTING TO DEATH BOT	NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART I	Id
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	119h CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AU1	OPSY2 Tab II	YES, WERE FIND	NICC LICED
2	1770 CO. 1011110111	OK WINCH OF EKATIO	WAS TENTORMED	200 40		RTIFYING CAUSE	S OF DEATH?
E a				YES [NOX	YES 🗌	NO 🗌
		IRY NONTH DAY YEAR	21c HOW INJURY OC	CCURRED (ENTER N	NATURE OF INJURY IN ITEM	B PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM	DEATH	19					
OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJ		211 LOCATION				
NOT WHILE	(AT HOME STREET, FAC	TORY, OFFICE FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (this h	aspital) attended the dece	ased fram	10	79 10	4. 16	10 83	4h = 0 112 (112)] = 0
saw the deceaped olive	DI 4-16	19 3	nd that in (my) (aur) op	inion deoth occurr	red an the date and		that (I) (we) las
22h SiGNATURE	not; view the body after a	eath	DEGREE				
7504	will		ATTENDIN	NG MEDICAL	STAFF	IZZ. DATE	SIGNED
22d. PHYSICIAN'S NAME (T	ARE OR BRIDGE		PHYSICIA 22e ADDRESS	AN LA DIRECTO	R PHYSICIAN	7	100/00
	ANALD M.	0	_	45.00	Tenna		1 (70)
My Charles Cy. "	-1-10-1-0, 1-1.	•	810 Toll	Manze.	FERENCE		1/01
230. BURIAL, CREMATION, REMOV	/AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATO				
Burial	4/20/83	Mt. 01	Livet Cem.	. Fr	ederick,	Freder	ick, Md.

BP_

DHMH - 16 50M 1/81 (VRA 15, 4)

PORTANT

Burial 4/20/83 Mt. Olivet C

74 FUNERAL DIRECTOR
NAME 1621 Opossumtown Pike
G. Douglas Stauffer, Frederick, Md. 21701

Mt. Olivet Cem. Frederick, Frederick, Md.

town Pike
ick, Md. 21701

APR 26 1983

John 3. County

Total and the service with the service of the servi

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it reach attending provided the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled thinks from after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is morked at them 18 shows any injury, at other traumatic event, the medical examiner must be not an arrange.
	TO HOSPITAL retained by th	TO FUNERAL should be deto	IMPORTANT:

+		FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0637
o wŧ		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 2b. HOUR
may b page er deo	3. SE	Anna	margaret i	Routzahn 15. date of birth	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Page 4 m	1	Female	White	7 2 1908	74 yrs.	MONTHS DAYS HOURS MIN.
eoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) INSYLVania	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED UNDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Frederick	
hours office death. J in by in century be filed number	1	ty or town of DEATH	11. NAME OF HOSPITAL, NURSIN WE'NOT IN SUCH FACILITY GIVE STREET A METEGIAN NUTSIT	G HOME OR OTHER INSTITUTION ADDRESS: Center	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF CAShier	12b. KIND OF BUSINESS OR INDUSTRY Market
ed within 24 hour mpletely filled in 1 and 2 should be f	Mar	state 135. COUN Syland Frede		13d. INSIDE CITY LIMITS?	MIDDLE	Pike 21727
be execute an ond cor		VAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	10816 Taneytown Emmitsburg MD	Pike
equires that the death certificate to signed by the attending physicia. Then please remove carbon papers to burial, cremation, or removal. injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.	ly one couse per line for (a), (b), one DBY: E CAUSE (a) TERMINED DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	MINAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH
ony ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)
YSICIAN: The Idang physician. Is certificate has burial-transit per Memtal Hygien or Hem 18 shaws		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
DING PHYS or attending After this can the buy alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEN TOR: of He		220.1 certify that the other saw the deceased alive on above, (1) (we) (did (did no	(a) attended the deceased from	, 19 82, and that in (my) (aur) apinion	death accurred on the date and hou	19, that (1) (we) lost r and from the causes stated
by the hasp by the hasp by the hasp ERAL DIRECT ce detached for State Dept. of ANT: If them 2		22b. SIGNATURE	hal m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR D PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detrivent the State with the State		ANTHUR G.	marace, m.o.	220. ADDRESS 8/0 78/1	Horse Are Fred.	N. 21701
BP	23a. E	SURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY Zion United Method	23d LOCATION CITY OR TOWN List Myersville Fi	county state
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F3	GHAMEL E	ome Myersville	250. DA	R 2 6 1983	RARY STORATURE

- undist yersys wie ok MD

K		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAN IEALTH AND ME ICATE OF DE	NTAL HYGI	ENE 8	3 REG. NO).	0	6	3 8
page 3			CEASED NAME OR PRINT)	10th		/RA		58209		20 DATE OF	DEATH 2	MONTH	DAY YEA	1	HOUR A
ector. po	35	3. SE	Male	Į.	White	е	S. DATE O	DAY	917	. AGE (IN YE	ARS LAST BIRT	HDAY) YRS.		EAR IF UI	IRS MIN.
9 6	3		RTHPLACE (STATE OF ACTION APPLICATION APPL	FOREIGN		WHAT COUNTRY	8. MARRIE WIDOWE	D NEVER MA	RRIED T	Fre (deri	-		1	MD.
1	100	14	rederick	ATH	LIF NOT IN SU	HOSPITAL, NURSI CHFACHITY, GIVE STREE Hildabra	T ADDRESS)	OR OTHER INSTITU	NOITU	12a USUAL C (TYPE OF WORK Plum)	FOR MOST OF				SINESS OR
filled in hould be	35	M	aryland	1136 COLIN	other institution TY erick	GIVE RESIDENCE BEFORE 134 CITY OR TOVE Freder:	VN			5803		labr:	and F	Rd.(21 701
amplerely and 2 s	00		Leona		WIDDLE	Selby		15. MOTHER'S M			E.		Lind	LAST	
0 5 6	e medico		VAS DECEASED EVER YES, NO ORUNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC 212-24-		Betty			'red 61:		ry St		
by the attendin ase remove carb , crematian, ar	, or ather traumatic event, the		PART 2. OTHER SIG	IMMEDIAT , which mediate ng the e last.	DUE TO, O DUE TO, O DUE TO, O (c)	CARDIAL RAS A CONSEQUE RAS A CONSEQUE RAS A CONSEQUE	JENCE OF LERGT		3 is - U) µ €41	€.`	ROXIMATE EEN ONSET	
cian. Te has been sign sist permit. Then giene prior to bu	Pows and inland	CERTIFICATION	19a DATE OF OPERA	(TION	19b. COND	ITION FOR WHICH		N WAS PERFORM	NED	20a AUTO	PSY?	20b. IF YE IN CERTII YE	S, WERE FIN FYING CAU	IDINGS L SES OF D	
	7 A Sed or Hem 18 s	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUP WHILE AT WORK NOT W	CAUSE OF DEA	P. 21e. PLACE	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE,	19	21f LOCATION STREET	RY OCCURRE	D (ENTER NAT	CITY OR TOV		PART I OR PART	2)	STATE
CTOR: Af	D T 1 15 m		22a I certify that (I sow the decem- above, (I) (صور)	sed alive an	9 AV	19_	/2~4	obec nd that in (my) (ex	19 <u>69</u> 11) opinion de	ta	on the da	te and hou	19 <u>83</u> ur and from		l) (xe) last
y the horacle detached	= = = = = = = = = = = = = = = = = = =		22b. SIGNATURE	engo 1.	Sout	791.	4.0.	DEGREE ATT	ENDING YSICIAN 😹	MEDICAL DIRECTOR [STAF PHYSIC	F IAN 🗌		Apr.	x by
O FUNE	E L		GEO RGE			M.D.		804 To	ollHous	e Aver	nue,	Frede	rick,	Md. 2	1701

23c. NAME OF CEMETERY OR CREMATORY

OR ATTENDING PHYSICIAN

O HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24. FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md.

236. DATE 5-3-1983

Frederick, Md Prospect Cemetery

23d. LOCATION

. breedshill cos MODEL TO A PRODUCT THE SAME OF Sylvania dale dale dale della or madia of the Backer A. Shalles, ("T. large St. erconcern Commons | Final Park Charles a Regular, or Sylvesylle, Mc. death. Page

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	0 6	, 3 9
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
(146)	OR PRINT)	Jay		-	SH	IOMAKER	April 1	5,1983		5:30 Pm
3. SE	x		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER TYEAR	IF UNDER 24 HRS
	Male		Whit	е	Jun	e 22,1908 fr	74	YRS.	DATS	HOURS MIN.
Pa/B	IRTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1	Illinois		U.S	5.A.	WIDOW		Fred	erick Co	D.,	MD.
]0. C	Trederick		(IF NOT IN SU	HOSPITAL, NURSIN TH FACILITY, GIVE STREET, ZENS NURS	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Greens kee	F WORKING LIFE) 1	b. KIND C NDUSTRY Gol	F BUSINESS OR
13a.	AL RESIDENCE (IF NUR STATE aryland	13b. COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW Tjamsvi	N	13d, INSIDE CITY LIMITS? YES NO.	13e. STREET ADDRESS 3304 Blue	bird Ct.	. 21	754
14. F/	Jasper		MIDDLE	Shomaker		15 MOTHER'S MAIDEN NA FIRST Emma	WE	Oal	kley	ĵŢ
	WAS DECEASED EVER YES NO UNKNOWN)		MED FORCES? E WAR OR DATES)	721-10-		Boyd L. Sh	omaker, I	tem 13		MATE INTERVAL ONSET AND DEATH
	Canditians, if any gave rise to im cause (a), state underlying cause	y, which imediate ing the	(b)	r as a conseque	NCE OF	e Prostat				
NOI	PART 2 OTHER SIG	GNIFICANT (Sen	ile De	ment	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN II	V PART 16	0
CERTIFICATION	19a DATE OF OPERA	ATION	19b, COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	280 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
	218. ACCIDENT WAS UN OR CONTRIBUTING [] (1F EITHER NOTIFY MED	CAUSE OF DE	1117	OF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCUR	VHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
H	220.1 certify that (I saw the decea abave, (I) (we) (226.51Ct)	sed plive on	.11 -	19 2	73_,°	nd that in (my) (aur) apinian DEGREE ATTENDING	MEDICAL STA			
	22d. PHYSICIAN'S N	NAME (TYPE	PRINT)	ark mi	hav.	PHYSICIAN D 220 ADDRESS 4 W. 7th	St. Fred	IAN []	2 2	21701

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please

should be detached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked

Hem 18 show

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Apr. 19, 1983 Offin L. Molesworth, P.A., Do Damascus, Md.

23b DATE

23c. NAME OF CEMETERY OR CREMATORY Tower Grove

NATORY 23d LOCATION CITY OF TOWN MUrphysboro Illinois
250 DATE REC'D. BY REGISTRAR 250 PAGISTRAR'S SIGNATURE

APR 201983 John & Can

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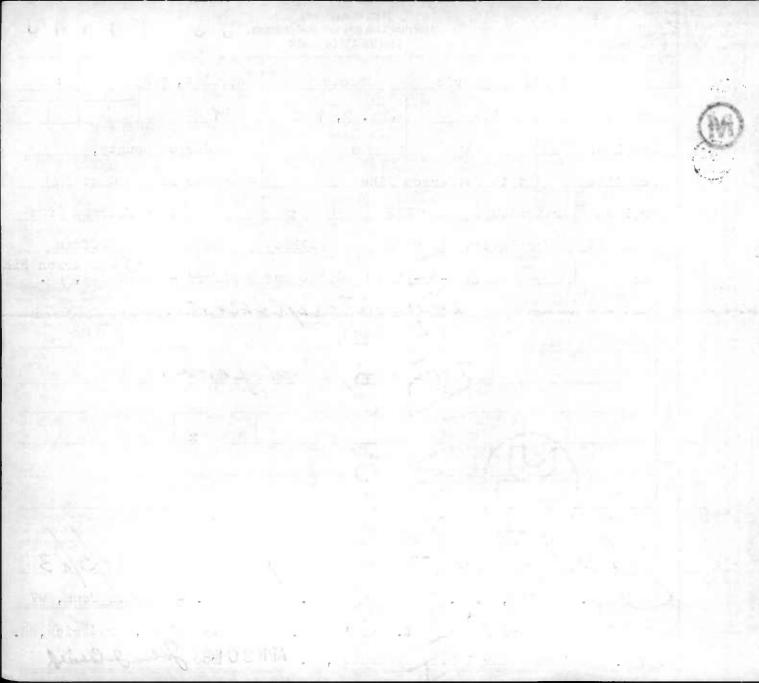
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,	8 4	Poch Poch	#
	PITA by	Stoth Stoth	Ž-
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours often death. Page 4 may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR, After the certificate has been signed by the otherwine physician and completely filled in by the funity case, a has been detected for use as the burial trainif permit. Then please remove action popers. Pages I and 2 should be filled with the State Days, of Health and Mental Hygiene prior to bornal, cremation, or removal.	WPORTANT, If hem 21 is morked or them 18 Moyer any injury, or other traumatic event, the medical examiner will be called an income.
	01	541	3-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	3	1	0	6	4	,
CERTIFICATE OF DEATH		REG. NO.					

- STATE REGISTRAR		DEPAR	CERTIFICATE		REG. N	10.	0 0	40
1. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(THE ORPKINI)	Lilli	e Marie	Snoot	s	April 1	1983		5:20A M
3. SEX		RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
Female		White	Jan. 7.	1902	81	YRS.	ONTHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY		OF DEATH	
COUNTRY)		TT C' A	MARRIED NE	DIVORCED	Engdon	ale Car	+	
Maryland III city or fown of		1. NAME OF HOSPITAL, NURS	WIDOWED TO STHER		Frederi			F BUSINESS OR
)		(IF NOT IN SUCH FACILITY, GIVE STRI			(TYPE OF WORK FOR MOST			
Knoxville		1313 Jeffers	on Pike		Steamstre	SS	Clot	hin
3a. STATE	13b COUNT	Y 13c. CITY OR TO	WN 13d INS		13e STREET ADDRESS			1158
Maryland	Frede	erick Knoxv		20-0-1		313 Jei	ferso	n Pike
14. FATHER'S NAME FIRST	MI	DDLE LAST	15. MOT	HER'S MAIDEN NA	ME		LAS	1
David	Was	shington DeLa	uder	Lillie	Rose		Hoff	man
16a WAS DECEASED EN		ED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFO	RMANT	ADDR	ESS 1317	Jaff	erson Bi
No.	(IF YES, GIVE	220-09	-8191 Li	llie Mae	Caniford	- Knoz	ville	. Md.
Conditions, if a gave rise to couse (o1), st underlying co PART 2 OTHERS 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY A 21d. INJURY OCC	immediate ating the use last.	DUE TO, OR AS A CONSECUTION OF THE CONDITION FOR WHICE	O DEATH BUT NOT REL		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED OF DEATH?
710, ACCIDENT WAS	UNDERLYING	21b. TIME OF INJURY	21c. HO	W INJURY OCCUR	YES NO ENTER NATURE OF INJ	YES		NO []
OR CONTRIBUTING	_		DAY YEAR					
(IF EITHER NOTIFY A		P.M. 21e PLACE OF INJURY	19 21f 100	ATION				
WHITE NO AT	T WHILE WORK	(AT HOME STREET, FACTORY OFFICE		STREET	CITY OR TO	OWN	COUNTY	STATE
		I) ottended the deceased from		19	. 10	19	-5	that (I) (we) last
saw the dep	eosed alive on_	view he body after death.	and that in	(my) (our) aginion o	feath accurred on the a	ate and hour o	and from the o	ighter sylved
77h SIGNATURE	lesti 9	Kanglest	- MOGREE		MEDICAL STA		4/5	183
Tu Ton T	Lang	let M D	27+ AD	/	erty St	- Chan'	/ /	WW au
23a. BURTAL, CREMATIC			NAME OF CEMETERY		23d LOCATION	· OHAL	rep ro	ALTE MA
(TERCIFY)	,				CITY OR TOWN		COUNTY	STATE
urial 24 FUNERAL DIRECTOR	2	4/4/83	St. Mark's	Cem.	Peters'	MADECISTO	rede	rick Md
NAME		Fun and I Hama	Danmarrial	Ma AP	R 2 0 1983	John	2. Cu	URL A

DHMH - 16 50M 1/B1 (VRA 15, 4)



executed within 24

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. ond campletely f

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.		
	CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	hillian	7	04150	5	IRFAM		4 20	1 83	11:070
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST E		UNDER I YEAR	IF UNDER 24 HR
1	Female	White		Aug	00 1017	69	YRS.	NIHS DATS	HOURS MI
7s. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9. BALTIMORE CITY		F DEATH	
	COUNTRY) Maryland	TTCA		WIDOWE	DI NEVER MARRIED	Post dans	-1- C	1.	
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	•	R OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS
/	7/1 7 1		H FACILITY, GIVE STREET			TYPE OF WORK FOR MOST			
	Frederick		rick Men		Hospital	Housewif	e	Home	emaker
13a. S	STATE 13b. CO	UNTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		2	1716
		ederick	Brunswi	ck	YES NO	·	305 1	E. Pot	omac
.14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	Т
-	John	?	Frye		Edith	?		Grif	fith
	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS 1324	Viers	Mill
(NO NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	232-26-	7343	Lester E.		ockvill		1.2085
-	18. CAUSE OF DEATH (Enter						0.0111	APPROXI	MATE INTERVAL ONSET AND DEA
	underlying couse last.	((c)							
NO	PART 2 OTHER SIGNIFICAN	-			NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	IN PART 1	0
TIFICATION		OBSTRUE"	TIVE LU	Jes b		200 AUTÓPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN CHROTIC 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	19b. COND	TIVE LUM	Je, b OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YES, VIN CERTIFY I	WERE FINDIN	GS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN CHROTIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b. COND 19b. COND 19b. TIME O HOUR A. NER) 21e PLACE	TIVE LW ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YES, IN CERTIFYI YES	WERE FINDIN	GS USED OF DEATH?

DHMH - 16 50M 4/82 (VRA 15, 4)

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24. FUNERAL DIRECTOR

FOR

Williams Funeral Home Brunswick, Md John T.

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICAT	E OF DEATH	REG. N	10.		
	DECEASED NAME FIRST	MIDDLE & C C ISS	LAST	tall	20. DATE OF DEATH	MONTH DA	Y YEAR	1 1 AOA
3	. SEX FEMALE	1. RACE CAUCASIAN	5. DATE OF BIRT	TH 22 1932	6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
L	a. BIRTHPLACE (STATE OR FOREIGN MARYLAND	76. CITIZEN OF WHAT COUNTRY? USA	WIDOWED [NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	OR COUNTY O		MD.
1	FREDERICK	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET FREDERICK MEMO	RIAL HOS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST SEAMSTRES			ENT
1			r 13d. II		13e STREET ADDRESS 7212 BLAC	K'S MIL	L ROAL	1788
1	JOHN IRST	D. EICHELBI		EDNA	WIDDLE		KĽĬ	NE
	60. WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN) (IF YES, GR	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 217-28		DSS S. STU		URMONT,		LACKS MI
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO THE CONDITIONS CONTRIBUTING TO	ENCE OF	LITAETM			IN PART 1(o	1
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTEY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH D.	AY YEAR 19	OCATION	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)	
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		STREET	CITY OR TO	OWN	COUNTY	STATE
	sow the deceased plive on obove, (I) (we) (did) (did no	ital) attended the deceased from 19 (, and that	in (my) (our) opinion	death occurred on the d	ote and hour a		hot (1) (we) lost ouses stoted
	226. SIGNATURE	. Myrelyn .	DEGRE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗌	22c. DATE S	2/33
	ARTHOR G	DR PRINT)		ADDRESS 7811 1	nonse Ace.	FIAN	cli, ort.	21701

BP.

OR ATTENDING PHYSICIAN: The low

HOSPITAL

retained by the hospital or attending physicion.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coil should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

230 BURIAL, CREMATION, REMOVAL 73h DATE

S FUNERAL HOME

83

23c. NAME OF CEMETERY OR CREMATORY UTICA CEMETERY

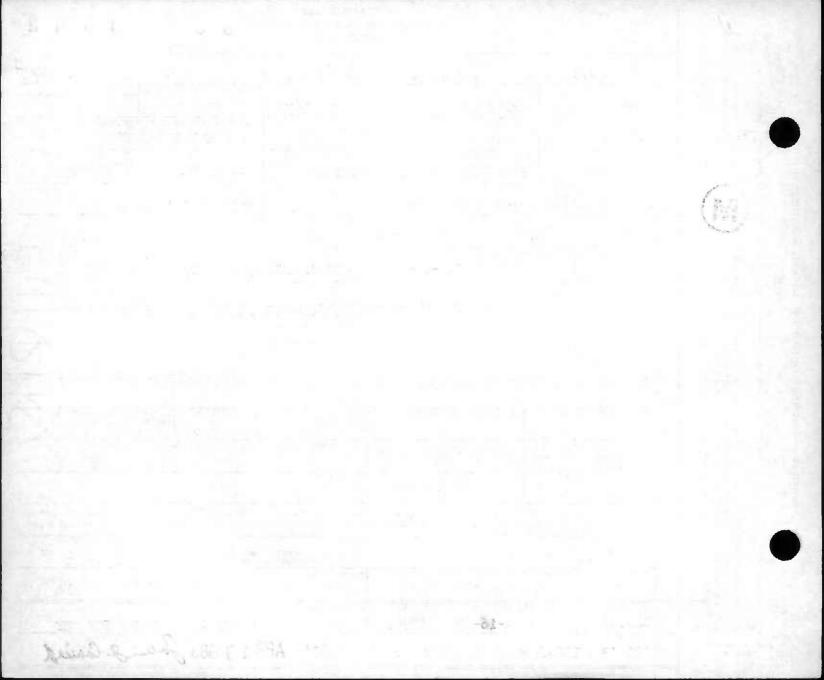
23d LOCATION
CITY OR TOWN
UTICA

FREDERICK

STATE MD

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3	1	0	6	4	
	REG. NO.					

1.	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG	FIENE 8 3	10	0 6	9	5
). DE	CEASED NAME	FIRST		MIDDLE	1	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	OR PRINT)	PAUL		3.	S	WARTZ	T. DAIL OF BEATT		13 83	10/1	7 M
3. SE	X		4. RACE		S. DATE C		6. AGE (IN YEARS LAST B	RTHOAY}	IF UNDER 1 YEAR	IF UNDER 24 HI	
	Male		White		Jan.		65	YRS.	MONTHS DAYS	HOURS MI	IN.
To St	RTHPLACE STATE O	OR FORFIGN	ZA CITIZEN OF	WHAT COUNTRY?	0	2.0	9. BALTIMORE CITY		Y OF DEATH	1	
5	Maryland	, TOKE IOI V	U.S.	Α.	MARRIE	DIVORCED	Frederic			0.5	MD.
	rederick	EATH	11. NAME OF	HOSPITAL, NURS II THEACIUTY, GIVE STREET C1CK MEMO	ADDRESS TIAL	DROTHER INSTITUTION Mospital	(TYPE OF WORK FOR MOST	OF WORKING L	126 KIND C INDUSTRY Paint	ing Co	or nt.
130. 5	AL RESIDENCE IN NO STATE Maryland	136. COU	derick	13c. CITY OR TOWN	E ADMISSION)	138. INSIDE CITY LIMITS?	130. STREET SODRESS	lountv	ille Rd	., 217	01
14. FA	THER'S NAME	-				15. MOTHER'S MAIDEN NA			-114		
	FIR Claud	de	MIDDLE Ervin	n Swa	rtz	Alice	WIDDLE		SmY	th	
16g. V	VAS DECEASED EVE YES, NO OR UNKNOWN)	I IF YES GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECT	058	17. INFORMANT Mrs. Elda Sw	artz, Frede	^{55s} Mou	ntville Md. 21	701	
	18. CAUSE OF DEA	ATH (Enter o	nly one couse per	line for 191, (61, or	nd (c)	1	+	- 17	BETWEEN	MATE INTERVAL ONSET AND DEAT	TH
	PART I. DEATH		TE CAUSE (o)	(1	9,4	1 ALLE	5/		mi	nuto	1
	1500	2			-4	. 13	(-				\supset
	19/1	1111	DUE TO, O	RAS A COMSTOU	FILL	atil / AM	PALITY	men	140		
	Conditions, if an		(b)	-/-	16910	1100 /4.110	11 0.10	01016	779		_
	couse (o), sto	ting the	DUE TO, O	R AS A CONSEQU	ENCE OF						
	underlying cou	se lost.	((c)_						-1		
	PART 2. OTHER SI	GNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GI	VEN IN PART 1	0	
ON		Di	abet	26 1	Vil	111446					
AT	19a DATE OF OPER	MOITA	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN		
CERTIFICATION							YES TO NOT	-	IFYING CAUSES	OF DEATH?	
ERT	21a. ACCIDENT WAS L	INDERLYING F	7 216. TIME C	NE INTITION		21c. HOW INJURY OCCUR				но П	
	OR CONTRIBUTING		1 110110 4		AY YEAR	THE HOW INJURY OCCUR	KED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MI			M.	19						
EDI	21d. INJURY OCCU	RRED	21e. PLACE			21f. LOCATION	Total Charles		COUNTY	STATE	
¥	AT WORK	WHILE		REET, FACTORY, OFFICE.	FARM, ETC.)	STREET	- III	2	COUNTY	STATE	
	220. certify that		1111	e deceosed from_	141	. 19	10 // 0	-	, 19	thoy () (we) I	
	sow the dece	osed olive or	view he body	affer/depth.	5, 81	nd that in (my) (our) opinion	death accurred on the c	late and ha	ur and from the	couses stated	1
	22b. SIGNAL OF		1,14	4		DEGREE	/		TIL DATE	SIGNED	_
	10	1111	01	Anni	IR	ATTENDING	MEDICAL STA	(FF	14/1	14/8.	2
	224 PHYSICIAN'S	JAME	600	1000	8	122e. ADDRESS	DIKECTOR PHYSI	CIAN	1//	// 0	>
	The state of the s	L	/-/	11-10-11			OUGO AND	Erodo	rick M	1 517	01
	01		0/1	25111	-	004 1011 11	ouse Ave.,	rreas	LICK, M	u. all	OT
23a. l	BURIAL, CREMATION	N, REMOVAL			NAME OF C	EMETERY OR CREMATORY	236 LOCATION	100			_
	"Burial	1	Apr 16	, 1983 Mt	t. Oli	vet Cemetery	Frederic	ck, Fr	rederick	, Mary	lan

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the hospital or attending physicion.

BP.

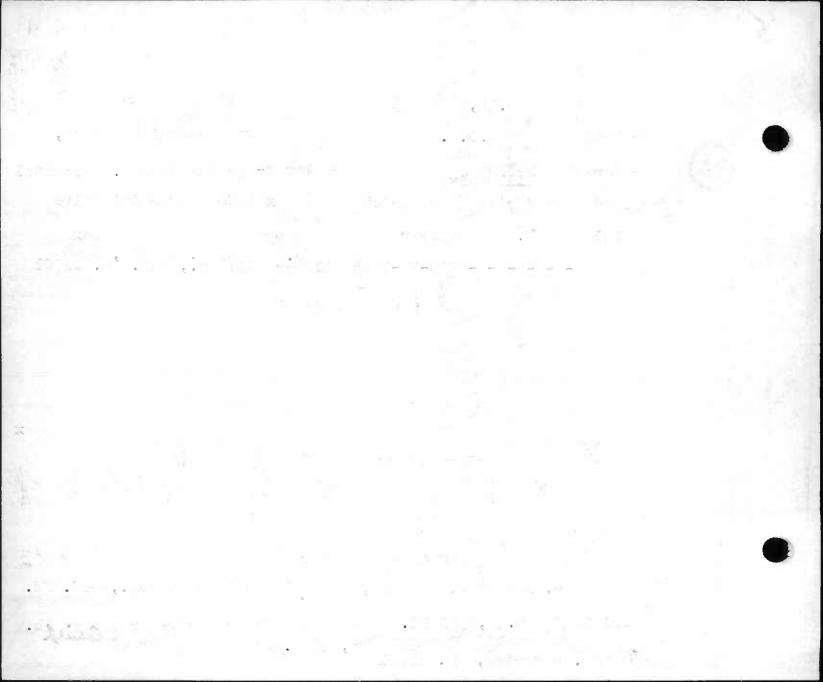
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

24 FUNERAL DIRECTOR Aufurt . C. / Marka Smith, Keeney and Basford Puner 106 East Church St., Frederick Peneral Home 1. 21701

APR 20 1983 John 2. Come

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1	FOR STATE	
•	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10			- 1	

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT) EV8	M.	THOMAS	April 8, 19	83 YEAR 26. HOUR 4
Female	4. RACE White	5. DATE OF BIRTH MONTH Feb. 26.1896	6. AGE (IN YEARS LAST BIRTHDAY) 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY U.S. A.	Y? 8. MARRIED NEVER MARRIED X WIDOWED DIVORCED	Frederick Co	of DEATH unty, MD.
Frederick	(IE NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION (SET ADDRESS) Street	120 USUAL OCCUPATION Type of work for most of working to Teacher	12b. KIND OF BUSINESS OR INDUSTRY. I red. Co.
USUAL RESIDENCE (IF NURSING HOME OF 136). STATE 136. COU Maryland Fre		erick 13d. INSIDE CITY LIMITS?		Street
4. FATHER'S NAME FIRST GOORGE	C. Thoma		Jane Elizabeth	Thomas
(YES, NO OR UNKNOWN) (YES, NO OR UNKNOWN) (YES, NO OR UNKNOWN)	ARMED FORCES? 166 SOCIAL SEGUE WAR OR DATES) 212-38	B-7513 Frederick	ian T. Joy, 41 Maryland 217	2 Grant Place
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	ATE CAOSE (0)	OUENCE OF	discussed disco	57-yers.
PART 2. OTHER SIGNIFICANT 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING		O DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WILL ALL WORK ALL WORK ALL WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2) COUNTY STATE
220 I certify that (I) (this has	pital) attended the deceased from	S /	n death accurred on the date and had	19 , that (II (we) lost ur and from the causes stated
Charles H	Conlege &		MEDICAL STAFF DIRECTOR PHYSICIAN	11 Gp. 983
Dr. Charl	les H. Conley,	Jr. 228 Nort	h Market St.,F	red. Md. 2170

BP.

carban papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending phy IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

injury, ar ather traumatic event, th

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVA (SPECIF Burial Smith Keeney Besford 106 E. Church St. Fr

236. DATE

123c NAME OF CEMETERY OR CREMATORY

Frederick Md

Frederick Frederick "Md.

REGISTRAR 256. REGISTRAR'S SIGNATURE

E P S D L S SMIN THE LINE NAME OF domination of the will be a state of the mile of the control of th Buston date to small office a cold ... by we S DAVE ! the state of the s es. 25 Files N. I and a about 1 in the least to the least

	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 3	10.	0 6	46
		CEASED NAME FIRST	MIDE	DLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(****	Mar	y Eve	lyn	Tu	rner	4/10/8	3		1:10 M
	3 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
		Female	Caucasi	on	03-		6	O yrs	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CITY	-	Y OF DEATH	
0		uisiana	U.S.A		WIDOWE		Frederi	ck Co	untv	MD
2		TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUPA	ION	126 KIND	OF BUSINESS OR
	E	rederick		cility, give street		lvert Dr.	Inspect			facturi
4	USU	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVI	E RESIDENCE BEFORE	ADMISSION)					
21		1,00 00	ederick F			13d. INSIDE CITY LIMITS?	5609 Ca.		Dr.	21701
A		THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
И		Joseph	MIDDLE	Mize		Mamie	WIDDIE		Ban	ks ks
1		VAS DECEASED EVER IN U.S.	ARMED FORCES? 168	SOCIAL SECTI	RITY NO.	17 INFORMANT	ADDE	RESS		
	(,	NO (IF YES.	GIVE WAR OR DATES)	75-26-	3678	Wesley Tur	ner Fre	deric	t Dri	ve 21701
		18 CAUSE OF DEATH (Enter	anly ane cause per line							XIMATE INTERVAL
		PART I. DEATH WAS CAU	JSED BY: TATE CAUSE (a)		1-256	-0-7 07 4	- E S/-			
		1629		S A CONSEQUE	NCE OF			.,		
		Canditians, if any, which		10 117	-	27				
		gove rise to immediate couse (a), stating the	DUE TO OR AS	S A CONSEQUE	NCE OF					-1
4		underlying couse lost	(6)	J A CONSEQUE	THE OF					
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIV	EN IN PART I	la
4	0 N									
9	CAI	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
-	CERTIFICATION		100				YES NO	YE	S 🗌	NO [
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAM			19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA	ARAL ETC 1	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	<	AT WORK NOT WHILE AT WORK								
		220.1 certify that (I) (this ha	. / . /	eceosed from_	12/	82 19 82	10 4/20		19 8 3	tho (I) (we) lost
		sow the deceased olive above, () (we (did) (did	nat) yew the bady ofte	er death.	32, an	d that m(my) (aur) apinion	death occurred on the c	late and hav	or and from the	couses stated
		226. SIGNATURE			[DEGREE			22c. DATE	SIGNED
		9-1 Cm	the us	5		ATTENDING PHYSICIAN	MEDICAL STA		4/	28/85
		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e. ADDRESS				
		76 VC	0 030 4	un	4	4 cue	sc Sc.	120	12,	50

Cremation

12000069 23e. BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Smithsburg Crem.

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

1621 Opossumtown Pike ffer, Frederick, Md. 2170 Douglas Stauffer,

em. Smithsburg, Washington, Md.

230 DATE REC'D. BY REGISTRAR ST REGISTRAR'S REGISTRAR'S REGISTRAR'S REGISTRAR'S REGISTRAR'S SEGUATURE.

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certificate be executed within 24 hours ofter death. Page

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL		NE 8 3	0.	0 6	4 7
	CEASED NAME	FIRST	٨	AIODLE	l	AST	1	0. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
1117	Jo	hn		Phillip	Wed	ddle			4/ 3/	/ 83	10:30 AM
3. SE	Х			CASIAN	5 DATE C			AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	male				7/	20/ DAY 3		2 79	YRS	DATS	MIN,
1008	IRTHPLACE (STATE OR P COUNTRY) Maryland	OREIGN 76 C		d States	MARRIE WIDOWE	D NEVER MARRIED		BALTIMORE CITY OF Frederi		OF DEATH	MD
F	ITY OR TOWN OF DEA		Citize	en's Nurs	ing H	OR OTHER INSTITUTION		20 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST CONTROL Truck Driv	F WORKING LIF		OF BUSINESS OR
130.	MD	13b COUNTY Freder		GIVE RESIDENCE BEFORE 130. CITY OR TOW Thurmont	N	13d Inside City Limit		3e STREET ADDRESS 137 N. Car	roll	Street	21788
14. F/	Charles	W.	ŧ	Weddle		Saddie	EN NAME	WIDDLE	Ī	Wilhide);
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED (IF YES, GIVE WAR		217-07-2		17 INFORMANT Elizabeth	Wed	dle Thurmo	Carr	oll St.	
	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which nediote g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	acta Parkers	m /	su			
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION					TERMIN	AL DISEASE OR CON	20b. IF YES	IN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH?		
TIE								YES NOX	YE:		NO [
	210 ACCIDENT WAS UND OR CONTRIBUTING COLUMN CONTRIBUTION COLUMN C	AUSE OF DEATH	TIME OF HOUR A.A.P.A.	M. MONTH DA	YEAR	21¢ HOW INJURY OC	CCURRE	O (ENTER NATURE OF INJUI	OF INJURY IN ITEM TS PART 1 OR PART 2)		
MEDICAL	WHILE NOT WHAT WORK AT WORK	ILE [7]	TIE. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	- 0	CITY OR TO	WN	COUNTY	STATE
morning ay bline	22a.1 certify that (1) sow the decease above, (1)	ed offe on		19	, on	d that in (my) (our) op	ornion de	_, to oth occurred on the do	ote and hour		that (I) (we) last causes stated
	22b. SIGNATURE	d	\		N		NG AN	MEDICAL STAI DIRECTOR PHYSIC	F IAN 🗌	22c. DATE	5-83
	STEVEN A			D.		100 SOUT	н се	NTER ST.	THURM	ONT, MD)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or othending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filtrwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

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IMPORTANT: If Item 21 is marked or Item 18 shows

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

4-6-83

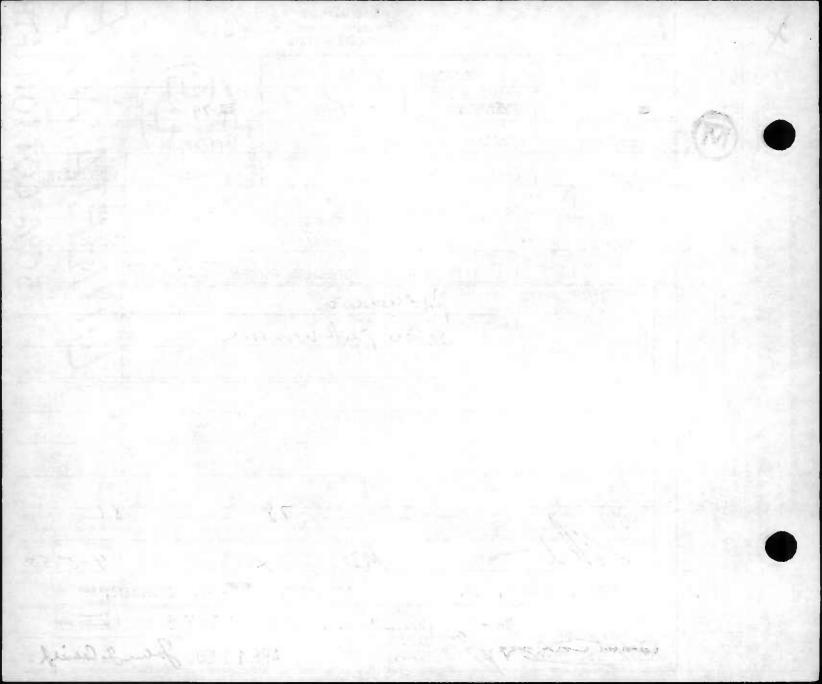
230 NAME OF CEMETERY OR CREMATORY WELLER'S U.M. CEMETER

23d LOCATION THURMONT

FREDERICK MD STATE

615 EAST MAIN ST THURMONT, MD 21788

Folia La Coline



3. SEX 4. RACE 5. DATE OF BIRTIMONTH 70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? AMONTH TO THE COUNTRY) 70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 8. MARRIED AMONTH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER RESIDENCE BEFORE ADMISSION) 12. CITY OR TOWN OF DEATH 13. CITY OR TOWN 14. FATHER'S NAME 15. MO 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN 18. CAUSE OF DEATH 'Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH 'Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH 'Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH 'Enter only one cause per line for (a), (b), and (c) 19. Canditions, if any, which gove rise to immediate cause per line for (a), (b), and (c) 19. CANDIDATE CAUSE (a) 19. DUE TO, OR AS A CONSEQUENCE OF 19. Stating the underlying cause last 19. DUE TO, OR AS A CONSEQUENCE OF 19. DUE TO, OR AS A CONSEQUENCE OF	MARRIED MODE WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTH (F-MOTIN SUCH FACILITY, GIVE STREET ADDRESS). 130. CITY OR TOWN 131. IN 131. IN 132. CITY OR TOWN 133. IN 134. IN 135. COUNTY 136. CITY OR TOWN 136. IN 136. CITY OR TOWN 136. CITY OR TOWN 136. IN 136. IN 136. CITY OR TOWN 136. CITY OR TOWN 136. IN 136. CITY OR TOWN	MARRIED M. M. MONIE DE COUNTRY DE
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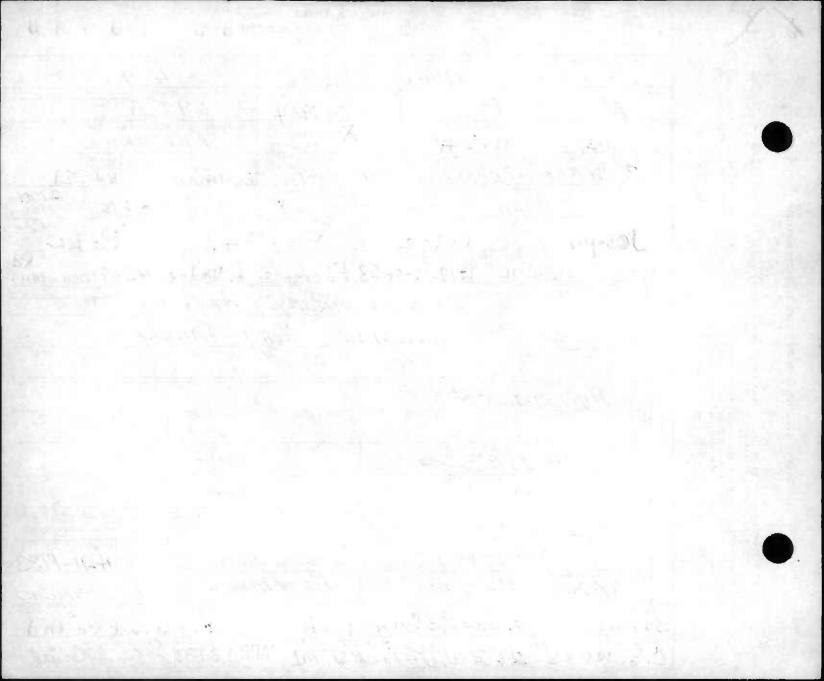
ARYLAND AND MENTAL HYGIENE E OF DEATH REG. NO

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APR 1 8 1983

	E OR PRINTI	MIDDLE	LA	1	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
,	VAME.	S EDINAR	D	WEDGE		4 9.83	7.14 AM
3. SE	X	4 RACE	S. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE	
1	N	B.	MONTH 3	9.1924	59	YRS.	S HOURS MIN,
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED	X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	Md	UiSA	WIDOWED	_	FRI	SDERICK	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS OR
1	FREDERICK	FREDERICK	MEN	1. Hosef.	Custodian	Bd	7 Ed.
	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	2 .	2/201
1	VID FI	RED FR	3D	YES NO NO	Rt4	13x 2761	Usembarner
14 F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	7	Res.
	JOSEPH	Weda	e	Ben	(ha	De.	LL
	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SE	CURITY NO	17 INFORMANT	ADDRE	SS	Rd
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	8 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b),	and icip	01-0410011	Anne	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
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	Canditions, if any, which gove rise to immediate	(b) <u>CON</u>	9657	VE OCH	VI FAIL	016	
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	DART 2 OTHER CICALIES AND	(c)	D DEATH BUT	107 051 150 70 714 710			
N	HIRFRT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT KETATED TO THE TERM	VINAL DISEASE OR CONL	DITION GIVEN IN PART	lia
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	I WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
IFIC	-				YES NO	IN CERTIFYING CAUS	ES OF DEATH?
CER	210 ACCIDENT WAS UNDERLYING	210 11112 01 11 190111		21¢ HOW INJURY OCCUR	Land Land		Lud
AL	OR CONTRIBUTING CAUSE OF DE	"7 1 7	DAY YEAR	_	- MA -		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	o Marcity or to	wn county	STATE
\$	WHILE AT WORK AT WORK	MAJ HOME STREET, FACTORY, OFFIC	E FARM, ETC)	SIREEI	N Hamiltonion	WIN COUNTY	STATE
	220 I certify that (I) (this hospi	ital) attended the deceased from	1-1-	0 , 19.76		1. 1983	_, that (I) (we) last
	saw the deceased alive an abave, (1) (we) (did no	view the body after death.	83 , and	I that in (my) (aur) opinion	death occurred on the do	ite and hour and from t	he couses stated
	22b. SIGNATURE	2010-04-7	D	EGREE			TE SIGNED
	VII	1000000		ATTENDING PHYSICIAN	MEDICAL STAF		11-1983
	22d PHYSICIAN'S NAME TYPE C	DR PRINT)		22e. ADDRESS	IMPORT ST	Para	
	HISOUL	MAJEED		40 CH	WILLIT 1	· HRED	BRICK
0	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CQUNTY	STATE
D	UNIAL	4-13-1983	NNWG	4 Side	tre	derical C	o md

BP. DHMH - 16 50M 1/81 (VRA 15, 4)



78	1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	REG N	10	6 4	9
4 may be progress the death		CEASED NAME FIRST E OR PRINT) EThe	A RACE	MIDDLE	5. DATE C		6. AGE INVAME LAST BIR	MONTH 9 DAY	YEAR 26 HOL	30 pm
eurt. Foge a		FCMAIL IRTHPLACE (STATE ON FOREIGN Maryland	U.S	WHAT COUNTRY?	8 MARRIEI WIDOWE	28 95 Never married DI DIVORCED	BALTIMORE CITY OF Frederi	er county of d ck Cour	EATH Ity,	WE
1 (M) 62	ÚSU	Frederick ALRESIDENCE (# NUMBER 1997)	(IF NOT IN SU Pede)	PICK MOME	oria.	ROTHER INSTITUTION 1 Hospital	(TYPEOF WORK FOR MOST OF THOME MAKE)		DUSTRY BUSINI	ESS OR
YLAND 2	M	aryland Fre	derick	Freder	ick	13d INSIDE CITY LIMITS? YES NO 15 NOTHER'S MAIDEN NA		rbana I	ike	10
E MAR	160	Luther WAS DECEASED EVER IN U.S. AF	RMED FORCES?	Pry	RITY NO.	FIRST Sara			rnöld	
LTIMOR to be exector. Proge		YES NOORUNKNOWN (IF YES, GI	VE WAR OR DATES)	*		B 3949-A Ur	bana Pike		Md. 2.	
RDS, 201 W, PRESTON ST, squeer that the death certification by the artending pl. Then please remove carbons in benial, cremation, or remultings, or other traumatic ever injury; or other traumatic ever	NOI	PART 1. DEATH WAS CAUSE 3 429 Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, C	OR AS A CONSEQUENT ON THE CONS	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON		PART 1 a	
OF VITAL RECO	AL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C	DE INJURY .M. MONTH DA'		NWAS PERFORMED 21c. HOW INJURY OCCUR!	ZOG AUTOPSY? YES NO	IN CERTIFYING YES [RE FINDINGS USEI CAUSES OF DEAT NO [TH?
DIVISION DIVISION Other this of the blut the onthe but the but the orther orther orther orther orther orther or the orther or the orther orthe	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAI		211. LOCATION STREET	CITY OR TO	wn co	DUNIY S	STATE
R ATTEND haspital or RECTOR, yeard for whe opt of Heat		220.1 certify that (1) (this heap saw the deceased alive ar abave, (1) (we) thid) (did no 22b. SIGNATURE	419	183 19		d that in (my) (out) apinian	death accurred an the do		, that (I) (a fram the causes sta 2c. DATE SIGNED	we) last ated
SPITAL OF THE SPITAL OF THE SPITAL OF TANK		22d. PHYSICIAN'S NAME (TYPE		f err		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FIAN .	4/10/8	3
TO HOSPIT retained by TO FUNER shauld be with the Sti	23a	Dr. Austin		23c N	MD AME OF CI	METERY OR CREMATORY	louse Ave.		<u> </u>	
BP		(SPECIFY) Burial UNERALDIRECTOR	April :	12,1983 1	Mt.O	livet Cemet	ery Frede	rick Fr	ederic	K M
DHMH - 16 50M 1/81 (VRA 15, 4)	1	mith Keeney 1 06 E. Church		a r. Amess Fr rederick		ar moning VD	R 1 3 1983	John &	- while	+

STATE OF MARYLAND

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BP_ **DHMH** - 17 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
MEDICAL EXAMINER'S CERTIFICATE OF DEATH							

DEPARTMENT O	F HEALTH AND MENTA NER'S CERTIFICATI		3	REG. NO.	0	6	5	
MIDDLE	LAST	2- 1	DATE	WALCOUAL CO.	11011711	DAN	VEAD	٩

1		FOR		D	EPARTMENT OF	HEALTH	AND MENTAL H	HYGIENE		1	0	60	Jan.	Ω
		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE C	OF DEAT	HO	REG. NO.	U	0	2	U
	1. DEC	CEASED NA	ME FIRST		MIDDLE		LAST	20.	DATE KN	OWN LX	MONTH	DAY	YEAR	26 HOUR
4	(TYPE	E OR PRINT)	EDWARD) Mart	tin	WI	ILLIAMS , S:		OF E	STI-	4	2 1	983	
-	3. SEX	(4 RACE	5. DATE OF BIRTH	IL ACE ON	VEADS IE LIA	DER 1 YR. IF UNDER				MONTH	DAY	YEAR	2d. HOUR
V	Ma	1e	White	July 1,	1935 47 BIRTH	YRS.	HS DAYS HOURS	MIN PR	ONOUNCE DE AD	D	4	2	1983	24. HOUR 5:56
ğ		RTHPLACE REIGN COUNTRY IATY LAT		U.S.A.		8. MARR WIDOW	IED NEVER MARR	RIED L		rick (EATH	MD.
F			derick	(IF NOT IN SUCH FAC		ederi	ck Memoria	FOR MOS	ST OF WORKING	ON (TYPE O		OR	D OF BUINDUSTI	RY
5	13a. S1		136 COUN		Frederick		13d. INSIDE CITY LIMITS? YES X NO	142	TADDRESS East	Third	St.	, 2:	1701	
1	14. FA	ATHER'S NAME FIRST Edwar		MIDDLE sper	Willia	ms	15 MOTHER'S MAIDE FIRST Sara	DEN NAME	MIDDI	E	1	Vagr	ast ner	
	16a. W	VAS DECEAS	SED EVER IN U.S. AR		166 SOCIAL SECUR	ITY NO.	17. INFORMANT			ADDRESS 14% E		-		treet
	N		(IF TES, GIVE	None	217-32-06	86	Mrs. Sara	Willi	ams.	Frede		RAL		1701
	NO	Conditi gave cause (lying co	ions, if ony, which rise to immediate a) stoting the <u>under-</u> ouse last.	(c)	ALCOHOLIST AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TELE	E OF	E DR CONDITION GIVEN IN PA	ART 1 (a).						
/	FICATION	19a DATE C	OF OPERATION	196 CONDITI	ION FOR WHICH OPE	ERATION W	AS PERFORMED?						JTOPSY?	
3	MEDICAL CERTIFICATION	UNDERLYIN	NAL CAUSE WAS		INJURY MONTH DAY YEA	AR 21c. H	OW INJURY OCCURRE	ED LENTER HAT	TURE OF INJURY	IN ITEM TS PAI	RT T OR PART		ES X	NO []
	MEDIC		OCCURRED NOT WHILE [AT WORK		FINJURY (AT HOME, ORY, FARM, ETC.)		CATION	(CITY OR TOWN		COU	414	y y	STATE
1	230.80	deoth resu	MAME ANI	n M. Dixon		SuicideM	Homicide , TITLE (SPECIFY) A.D. Assistant ADDRESS 111 F	Undeterr T MEDIC	t., B	er .		. 21		
	(5	Burial		pril 7, 8			emetery	Suit	land,	DEC 107	COUNT			ry1and
	5m	6 East	church S	Bastordss t., Frede	Functal Ad tick, Mary	me land	1	REC'D. BY RI	983	blu KEGIST	A.	sh	uf	: 2

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

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executed within 24 hours after death. Page 4 may be

and campletely filled in by the

1 ond 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove corban popers. Pages is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar ather traumatic event, th

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Meene, Basford Fineral Church St., Fred erick,

•	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME OR PRINT)	irgie		Himes		COUNG	April (MONTH	983	26. HOUR
1. SEX	Female		4. RACE Whi	te	S. DATE O	6. 6 PAY 1893	6. AGE (IN YEARS LAST BE	rthday)	MONTHS DAYS	
Î	Täryland		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DED X DIVORCED	Preder:	_		9 /
Bı	raddock	Hgts	Vindol	ona Nur	sing		126 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Domesti	OF WORKING I	12b KIND INDUSTRY	OF BUSINESS C
13a. S	aryland	13b COUN	VTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Frederi	N	13d. INSIDE CITY LIMITS? YES X NO	308 Heat	ther	Ridge	Court
14. FA	John	2	MIDDLE	Hime's		15. MOTHER'S MAIDEN NA	MIDDLE		Heffn	er
	AS DECEASED EVER OF UNKNOWN)		MED FORCES?	215-26-		"MYSAN Cath Gulf Bree	erine Car ze, Flori	filon, Ida 3	2930 2561	Bay S
	Conditions, if any, gove rise to imm cause (a), stating underlying cause	, which mediote the last.	DUE TO, O DUE TO, O DUE TO, O	R AS A CONSEQUE	NCE OF_	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	NDITION G	7	DAYS
CERTIFICATION	198 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE	INGS USED
3	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR		JRY IN ITEM 18	PART 1 OR PART 2)	
-	21d. INJURY OCCUR!	THE C	210. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	saw the decessabave, (1) (2) e) (2) 22b. SIGNATURE			11/14		nd that in (my) (aur) apinian DEGREE ATTENDING	, ta death accurred on the a		22c. DAT	that (1) (we) lose couses stated E SIGNED
	22d PHYSICIAN SNA Dr. WE			er M.D.		PHYSICIAN 2 220 ADDRESS 610 9th AV	o Brunsw	CIAN		
(5	URIAL, CREMATION, BULLE NERAL DIRECTOR	L'A	131	,1981 M	t.01	ivet Cemete	ry Frader			
	SMAPHCTRe	ener	St F	rd Finer	al I	10 me 21701 A	FRE 17. 5" 1983AF	1000	mo.	9.

Home 15 Md. 21701

DHMH - 16 50M 4/B2 (VRA 15, 4)

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STATE OF MARYLAND

13	No. of	2	0	5	2:00	
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	DEC NO					

1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	10	5 5 2
(TYPE	OR PRINT) M	nerra	Ellen Z	Immerm An	26. DATE OF DEATH	15/83	26 HOUR 4AM
3. SE)	(4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
	Female	Whi	te Sep		65	YRS.	I I I I I I I I I I I I I I I I I I I
	RTHPLACE ISTATE OR FORE COUNTRY) Marvland		WHAT COUNTRY? 8. MARRIE. WIDOWE	D NEVER MARRIED	Frederic	ek County,	MD.
10. C1	TY OR TOWN OF DEATH Frederick	I II. NAME OF H	HOSPITAL, NURSING HOME OF ACILITY, GIVE STREET ADDRESS) ick Memoria	OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Domest	F WORKING LIEE) INDUSTRY	OF BUSINESS OR
13a. S	TATE N3	HOUSE OR OTHER INSTITUTION	give residence before admission) 13c. City or town Frederick	13d. INSIDE CITY LIMITS? YES NO 🔀	130. STREET ADDRESS	- 0	2/70/ ad
14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		AST
	Roy	W. Z	immerman	Mary	MIGOLE	Hawker	
	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	Not avail- able	Mrs. Mary Derr Rd,	Z. Clark Frederick	1709-C E	lmer
. NO	PART I. DEATH WAS 1820 IM Conditions, if any, we gave rise to immediate to immediate (a), stating underlying cause	DUE TO, OF thich flotte the lost.	R AS A CONSEQUENCE OF		Mefricam INAL DISEASE OR CONE		XIMATE INTERVAL ONSET AND DEATH
CERTIFICATION	19a. DATE OF OPERATIO	196 CONDI	TION FOR WHICH OPERATIO	n was performed	200 AUTOPSY? YES NO T	206. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	INGS USED S OF DEATH?
MEDICAL CER	saw the deceased	SE OF DEATH EXAMINER) 21e. PLACE (AT HOME. STR	M. MONTH DAY YEAR M. 19 DF INJURY BET, FACTORY, OFFICE, FARM, ETC.) De deceosed from 10 F3 offer death.	211 LOCATION STREET 19 d that in (my) (aur) apinion of DEGREE ATTENDING	CITY OR TOV	NN COUNTY 19 F3 Ite and hour and fram the	state , that (**/we) last e couses stoted E SIGNED
	(se	ny 1. Som	11 4.	ATTENDING PHYSICIAN	MEDICAL STAF		M

retained by the hospital or

TO HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages, I and 2 should be filed within

should be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or them 18 shows ony

injury, or other troumatic event, th

230 BURIAL, CREMATION, REMOVAL Burial pr.18,1983

George

Ave., Fred.

House

Frederick Md.

CREMATORY 23d LOCATION
CHY OF TOWN
CHY OF Mt. Olivet " Smith Reeney Basford Funeral East Church St., Frederick, Ma

Ma.

